

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

JUN 21 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins Oil & Gas Corporation		Well API No. 30-005-62959
Address P.O. Box 2443, Roswell, NM 88202-2443		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bill Thorp State	Well No. 2	Pool Name, Including Formation SE Acme San Andres	Kind of Lease State, Lease <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/>	Lease No. V-2925
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>8-S</u> Range <u>27E</u> , NMIM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 8-S	Rge. 27E	Is gas actually connected? no	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-2-93	Date Compl. Ready to Prod. 6-16-93		Total Depth 2160		P.B.T.D. 2157			
Elevations (DF, RKB, RT, GR, etc.) 3912 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2100		Tubing Depth 2000			
Perforations 2 spf 2100, 2101, 2102, 2113, 2114, 2119, 2120, 2121, 2124, 2126, 2132, 2133, 2134, 2137, 2139, 2140,					Depth Casing Shoe 2160			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8" J-55	470	225
7-7/8"	4 1/2" J-55	2160	200
	2-3/8"	2000	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 6-16-93	Date of Test 6-19-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 500	Casing Pressure 0	Choke Size 15/64"
Actual Prod. During Test 144	Oil - Bbls. 144	Water - Bbls. 0	Gas - MCF 230

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Roy D. Collins
ROY D. COLLINS Pres, Collins O/G
Printed Name
6-20-93 623-2040
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 30 1993

By Mike Williams ORIGINAL SIGNED BY
SUPERVISOR, DISTRICT II
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.