

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 20 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins Oil & Gas Corporation		Well API No. 30-005-62975
Address P.O. Box 2443, Roswell, NM 88202-2443		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> FLARED AFTER 12/24/93 Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> UNLESS AN EXCEPTION TO: Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> RULE 306 IS OBTAINED		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bill Thorp State	Well No. 4	Pool Name, Including Formation SE Acme San Andres Pool SA	Kind of Lease State, Federal or Other	Lease No. V-2925
Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line Section 11 Township 8-S Range 27E, NMPM, Chaves 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 Corp.	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 8-17-93	Date Compl. Ready to Prod. 10-9-93	Total Depth 2181	P.B.T.D. 2175					
Elevations (DF, RKB, RT, GR, etc.) 3939 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2124	Tubing Depth 2170					
Perforations 2124, 2125, 2126, 2131, 2133, 2138, 2139, 2144, 2145, 2148, 2149, 2150, 2151, 2152, 2155, 2156, 16 zones, 32 holes	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 2181					
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 446	SACKS CEMENT 245 Post ID-2					
7-7/8"	4 1/2"	2181	200 12-3-93					
			comp & B/R					

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 10-9-93	Date of Test 10-11-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 40	Choke Size
Actual Prod. During Test 56	Oil - Bbls. 56	Water - Bbls. 0	Gas - MCF 84

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	Pres. Collins O/G
Printed Name 10-14-93	Title 623-2040
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.