

OIL CONSERVATION DIVISION

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

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SEP - 9 1993

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Collins Oil & Gas Corporation		Well API No. 30-005-62981
Address P.O. Box 2443, Roswell, NM 88202-2443		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator _____		<input type="checkbox"/> Other (Please explain) Casinghead Gas MUST NOT BE PLACED AFTER 11/1/93 UNLESS AN EXCEPTION TO: RULE 336 IS OBTAINED
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bill Thorp State	Well No. 5	Pool Name, including Formation SE Acme-San Andres	Kind of Lease State, FEDERAL OIL & GAS ACT	Lease No. V-2982
Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line Section 12 Township 8-S Range 27E, NMJM, Chaves County				

II. 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 M	Sec. 12	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 8-19-93	Date Compl. Ready to Prod. 8-26-93	Total Depth 2195		P.B.T.D. 2185				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San-Andres		Top Oil/Gas Pay 2126		Tubing Depth 1980			
Perforations 2137, 2147, 2148, 2149, 2152, 2161, 2165, 2166, 2167, 2163, 2168, 2173, 2174, 2175, 2177, 2178, 2153, 2181					Depth Casing Shoe 2195			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8"	450	245 Post ID-2
7-7/8"	4 1/2"	2195	200 10-1-93
	2-3/8"	1980	camp + BK

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 8-26-93	Date of Test 8-27-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 480	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test 216	Oil - Bbls. 216	Water - Bbls. 0	Gas - MCF 400

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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 8-28-93 Title 623-2040  
Date 8-28-93 Telephone No. 623-2040

OIL CONSERVATION DIVISION

Date Approved SEP 14 1993

By MIKE WILLIAMS ORIGINAL SIGNED BY  
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.