

OIL CONSERVATION DIVISION

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

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DEC 01 1993

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Collins & Ware, Inc.		Well API No. 30-015-27666
Address 303 W.Wall, Ste. 2200, Midland, TX 79701		
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 Quahada Ridge 31 Fed.	Well No. 1	Pool Name, Including Formation Herradura Bend, East Del.	Kind of Lease State, Federal or XXX	Lease No. NM 61349
Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>So.</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>22S</u> Range <u>29E</u> , NMPM, Eddy 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"/> Pride P/L Co.	Address (Give address to which approved copy of this form is to be sent) POB 2436, Abilene, TX 79604			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Natural Gas Inc.	Address (Give address to which approved copy of this form is to be sent) POB 21470, Tulsa, OK 74121			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 31	Twp. 22S	Rge. 29E
Is gas actually connected?	No		When?	Jan. 94

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 9-17-93	Date Compl. Ready to Prod. 11-9-93	Total Depth 6500	P.B.T.D. 6444					
Elevations (DF, RKB, RT, GR, etc.) 3155 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6114	Tubing Depth					
Perforations 6114-6134, 6205-6215, 6215-6236, 6248-6256, 6268-6286, 6302-6310'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8 54.5#		376		475 SX			
17 1/2	8 5/8 32#		2714		650 SX			
11	5 1/2 15.5#		6500		915 SX			

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 11-9-93	Date of Test 11-25-93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 183	Gas- MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Max Guerry Regulatory Mgr.
Printed Name 11-30-93 Title 915-687-3435
Date 11-30-93 Telephone No. 915-687-3435

OIL CONSERVATION DIVISION

Date Approved _____
By Richard [Signature]
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.