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Appropriate District Office  
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DISTRICT III  
P.O. Box Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator COLLINS & WARE, INC.	Well API No. 30-025-26331
Address 303 W. Wall Ave., Suite 2200, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name Address of previous operator Harken Exploration Company, P. O. Box 10626, Midland, Texas 79702	

DESCRIPTION OF WELL AND LEASE				
Lease Name Federal "12"	Well No. 1	Pool Name, including Formation West Tonto Bone Spring	Kind of Lease State, (Federal) or Fee	Lease No. NM-56251
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 12 Township 19 South Range 32 East, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil Conoco, Inc. Surface Transp	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Dista Drive #550 E, Midland, TX 79705		
Name of Authorized Transporter of Casinghead Gas Conoco, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1959, Midland, Texas 79702		
Well produces oil or liquids, location of tanks.	Unit G	Sec. 12	Twp. 19S	Rge. 32E
Is gas actually connected? Yes		When? 3-25-86		
Is production commingled with that from any other lease or pool, give commingling order number.				

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Spudded 10-30-85	Date Compl. Ready to Prod. 10-23-85
Productions (DF, RKB, RT, GR, etc.) 656.5' GR	Name of Producing Formation Bone Spring
Productions 795-8820' w/1/4" shot/fr - 25 holes	Total Depth 8931'
	Top Oil/Gas Pay 8795'
	P.B.T.D. 8912'
	Tubing Depth 8785'
	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	500'	Set by Inexco
12 1/4	8 5/8	5100'	Set by Inexco
7 7/8	5 1/2	8920'	275 sx 50/50 Poz H

TEST DATA AND REQUEST FOR ALLOWABLE			
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.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Th of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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 W. Brett Smith, Vice-President	Title 915-687-3435
Date July 6, 1992	Telephone No.

OIL CONSERVATION DIVISION	
JUL 16 '92	
Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
Title	

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

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