| Subinit'S Copies<br>Appropriate Dianict Office<br><u>DISTRICT 1</u><br>P.O. Box 1980, Hobbs, NM 88240 | hergy, Minerals and Nat   | ew Mexico<br>ural Resources De, .t<br>ATION DIVISION       | Form C-104<br>Revised 1-1-89<br>See Instructions<br>at Bottom of Page  |
|---|---|--|--|
| DISTRICT II<br>P.O. Drawer DD, Arcenia, NM 88210  | P.O. B  | ox 2088<br>Texico 87504-2088                               |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410<br>1   | REQUEST FOR ALLOWAR   | BLE AND AUTHORIZATIO                                       | ОЛ   |
| ן.<br>סאמוסי  |   |  | Well API Na  |
| Collins & Ware, Inc.  |   |  | 30-025-04377   |
| Address   |   | 70701  |  |
| 303 W. Wall Avenue,<br>Resson(s) for Filing (Check proper box)  | Suite 2200, Midland, TX   | 79701<br>Other (Please explain)                            | <u> </u>   |
| New Well  | Change in Transporter of:   |  |  |
| Recompletion  |   |  |  |
| Change is Operator  | Creingheid Gus Condensite   J. Rasmussen Operating,               | The 210 M Mell C   | wite ODG Midland TV 70   |
|   |   | Inc., JIO w. wall, S                                       | uite 906, Midland, TX 79   |
| I. DESCRIPTION OF WELL  | LAND LEASE<br>Well No. Pool Name, lociud                          | ing Examples   | Kind of Lease Na   |
| Charlotte Sta   |   |  | E-1639   |
| Location<br>Unit LetterC  | . 660 Full Free The N   | lorth Lips and 1980  | Feet From The Vest Lise  |
|   |   | -  |  |
| Section 32 Towns  | hip 20S Range 36E   | , NMPM, Lea  | County   |
|   | NSPORTER OF OIL AND NATU  | RAL GAS  |  |
| EQJI Energy Corp.   | or Condentate   | Address (Give address to which app<br>y P.O. Box 1188, Hou | <i>rowd copy of this form is to be sun)</i><br>1ston, Texas 77251-1188 |
| Name of Authorized Transporter of Casi  | · · · · · · · · · · · · · · · · · · ·                             | Address (Give address to which app                         |  |
| GPM Gas Corp  |   | Bartlesville, OK 7   |  |
| l well produces oil or liquids,<br>ve location of tanks.  | Unit Soc. Twp. Rge.<br>N 32 205 36E                               | Is gas actually connected?                                 | When 7<br>6-27-69  |
| this production is commingled with the  | 1 from any other lease or pool, give comming                      |  | <u> </u>   |
| V. COMPLETION DATA  |   | · · · · · · · · · · · · · · · · · · ·                      |  |
| Designate Type of Completion  | Oil Well Gas Well   | New Well   Workover   Deep                                 | en Plug Back Same Res'y Diff Res'y                                     |
| Due Spudded   | Date Compl. Ready to Prod.  | Total Depth  | P.B.T.D.   |
| •   |   | · · · · · · · · · · · · · · · · · · ·                      |  |
| Elevations (DF, RKB, RT, GR, elc.)  | Name of Producing Formation                                       | Top Oil/Gas Pay  | Tubing Depth   |
| cuormon   |   |  | Depth Casing Shoe  |
|   |   |  |  |
| · · · · · · · · · · · · · · · · · · ·   | TUBING, CASING AND  |  |  |
| HOLE SIZE   | CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT   |
|   |   |  |  |
| ······································  |   |  |  |
|   |   |  |  |
| . TEST DATA AND REQUE   | ST FOR ALLOWABLE<br>recovery of total volume of load oil and must | be equal to or exceed top allowable for                    | or this depth or be for full 24 hours.)                                |
| Date First New Oil Run To Tank  | Date of Test  | Producing Method (Flow, pump, gas                          | lýt, esc.)   |
|   |   | Culta Davana   | Choke Size   |
| eogth of Text   | Tubing Pressure   | Caring Pressure  |  |
| actual Prod. During Test  | Oil - Bbis.   | Water - Bbls.  | Gas- MCF   |
|   |   |  | ]  |
| GAS WELL  |   |  | 10 millio (Condinante  |
| Lewis Prod. Text - MCF/D  | Length of Test  | Bols, Condensate/MIMCF                                     | Gravity of Condensate  |
| ming Method (pilor, back pr.)   | Tubing Pressure (Shu-in)  | Casing Pressure (Shut-in)                                  | Choke Size   |
|   |   | ·  |  |
| I hereby certify that the rules and reg<br>Division have been complied with an                        | d that the information given above                                |  | IVATION DIVISION   |
| Is our and complete to the best of my   | Enowicage and belief.   | Date Approved  |  |
| Mali.   | )   | By Orig. S   | igned by   |
| Signature<br>Max Guerry   | Regulatory Manager  | Paul   | Kauta  |
| Printed Name  | Tille   | Title  | *~D ***  |
| 6/21/93   | (915) <u>686–7865</u>   |  |  |
| Date  | Telephone No.   |  |  |

1) 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.