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.JISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRAN	SPORT OI	L AND NA	TURAL G					
Operator							API No.			
Collins & Ware, Inc.						30	02531274 <del>00</del>	<del>X1</del>		
Address							•			
303 W.Wall, Suite 2200, Mi	dland, Te	exas 7970	)1							
Reason(s) for Filing (Check proper box)				Oth	er (Please expli	ain)				
New Well		Change in Tr	ansporter of:							
Recompletion Oil Dry Gas										
Change in Operator	Casinghead	Gas 🗌 C	ondensate							
If change of operator give name			THIS WELL	HAS BEEN	PLACED IN					
and address of previous operator				W UELLING. II	F YOU DO N	THE POOL				
II. DESCRIPTION OF WELL AND LEASE  DESIGNATED BELOW. IF YOU DO NOT CONCUR										
					ing Formation R9646 4 4 Z Kind					
Six Shooter "13" Federal		1	<del>Undes</del> . Quai	l Ridge Mo	rrow Law	State,	receizior rec	LC-0	65447	
Location								_		
Unit Letter B	:990_	Fe	set From The $\frac{N}{2}$	orthLim	e and <u>1750</u>	Fe	et From The	East	Line	
Section 13. Township 20 South Range 33 East , NMPM, Lea County										
W DEGIGNATION OF TO AN	CDODTEI	or ou	A SHY SI A TTI	DAT CAC						
III. DESIGNATION OF TRAN		or Condensate			a address to wh	ick approved	conv of this fo	rm is to he se	ent)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) 2500 City West Blvd., Houston, Texas 77042									
Hae Permian Corporation					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas XXX  Gas Company of New Mexico					P. O. Box 1419, Carlsbad, New Mexico 88221					
				Is gas actually connected? When ?						
give location of tanks.					Ves			11/15/91 ·		
If this production is commingled with that i	<del> </del>						11/	17/71		
IV. COMPLETION DATA	ioni any ouic	ricase or poc	n, give containing	ing older name				1		
THE COMPANY OF THE CO		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	)	XX	XX	, 	i			i i	
Date Spudded	Date Compl	. Ready to Pr		Total Depth			P.B.T.D.			
6/29/91	11	/15/91		13.675'			13.445'			
Elevations (DF, RKB, RT, GR, etc.)		ducing Form	ation	Top Oil/Gas			Tubing Dept			
3604.6' GR	Morrow				13,244'			13.281.85'		
Perforations   Figure 1				777				Depth Casing Shoe		
13,289' - 13,301', 13,244' - 13,250'								57Δ' ·		
19,207 19,901 1 19,244	TUBING, CASING AND				NG RECOR	D	···			
HOLE SIZE		ING & TUBI		DEPTH SET			S	SACKS CEMENT		
26"	20''			450'-			750			
17 1/2"	13 5/8"			3200'			2675			
12 1/4"	9 5/8"			5250'			1	first 800; second 775		
8 3/4"	5 1/2"			13.674'			L	first 800, second 800		
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE		,			,		
OIL WELL (Test must be after re	covery of lote	al volume of l	oad oil and must					or full 24 how	·s.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
				Casing Pressure Choke Size						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Oas-Mei			
				l			L		J	
GAS WELL							<u>.</u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
643	24 hours			27 Casing Pressure (Shut-in)				51°		
esting Method (pitot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pressu	re (Shut-in)	•	Choke Size	1		
Stac-pac 4216 psig				packer 30/64"						
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE	_	NI OON	OFFILE	STICKLE	N/1010	AR I	
I hereby certify that the rules and regula				(	DIL CON	SEHVA	A HON L	NVISIO	'IN	
Division have been complied with and that the information given above										
is true and complete to the best of my knowledge and belief.					Date Approved					
Variable of the										
XUIA Y WILLOW					uria. Si	ignaed <b>by</b>				
Signiture James F. O'Briant! Agent for Collins & Ware, Inc.				By Paul Kautz Geologist						
Printed Name Title										
Pritted Name Title Title										
Date		Telepho				•				

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 1.11