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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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 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. <u>31397</u> 30025319700
Address 303 W. Wall, Suite 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the SURFACE OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sharp Nose Federal	Well No. 1	Pool Name, including Formation <u>TEAS 1-1-12</u> Bone Springs (Sand)	Kind of Lease State, Federal or Fee	Lease No. CCN65447
Location Unit Letter <u>J</u> : <u>2395</u> Feet From The <u>South</u> Line and <u>2065</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>20-S</u> Range <u>33E</u> , NMPM, Lea 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"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) 2500 City West Blvd., Houston TX 77042	
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 <u>J</u>	Sec. <u>13</u>
	Twp. <u>20S</u>	Rge. <u>33E</u>
	Is gas actually connected? <input type="checkbox"/> 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 <input type="checkbox"/>	New Well <input checked="" 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"/>
Date Spudded <u>11/29/91</u>	Date Compl. Ready to Prod. <u>6/20/92</u>		Total Depth <u>13,750</u>		P.B.T.D. <u>9765'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3610 GR 3634 KB</u>	Name of Producing Formation <u>Bone Springs</u>		Top Oil/Gas Pay <u>9422</u>		Tubing Depth <u>9054'</u>			
Performations <u>9422'-9450' (113 holes)</u>					Depth Casing Shoe <u>13,750</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>26"</u>	<u>20"</u>		<u>451'</u>		<u>870</u>			
<u>17 1/2"</u>	<u>13-3/8"</u>		<u>3153'</u>		<u>2150</u>			
<u>12 1/4"</u>	<u>8-5/8"</u>		<u>5232'</u>		<u>2 stages total 1900</u>			
<u>7-7/8"</u>	<u>5 1/2"</u>		<u>13,750'</u>		<u>2 stages total 1360</u>			

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 <u>6/20/92</u>	Date of Test <u>7/2/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>10</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>41 bbls</u>	Oil - Bbls. <u>41</u>	Water - Bbls. <u>25</u>	Gas - MCF <u>20.5</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
James F. O'Briant
Printed Name
James F. O'Briant, Agent for Collins & Ware
Date
7/21/92
Telephone No.
(915)683-5511

OIL CONSERVATION DIVISION

JUL 27 '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

- 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.