Submit 5 Cocies
Appropriate District Office
DISTRICT!
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Britos Rd., Arice, NM 87410	REC	UEST F	OR AL	LOWA	BLE AND	AUTH	ORIZ	ZATION					
Ι		–			L AND NA			S					
Ομπω Collins & Ware, Inc.								1	APINa				
Address								30	-025-02	534			
303 W. Wall Avenue, S	uite 2	200. Mi	dlan	d. TX	79701								
Restoo(s) for Filing (Check proper box)						her (Please	expla	in)					
New Well		Chrose in											
Recompletion	Oil Carinub	e4 Gu ☐	Dry Ga					٠					
If change of operator give name Hal					Inc 3	10 W	Wal	1 Suit	906	Midland	ΤΥ	79.70	
and address of bienions oberator	o. Rab	massen	opere	acing,	1110., 3	10 W.	wai	i, buit	.6 700,	riididiid ,		1970	
II. DESCRIPTION OF WELL	AND LE		15			· · · · · · · · · · · · · · · · · · ·		1					
Kaiser State Well No. Pool Name, Include Kaiser State 5 Wilson							live		of Lesso Lesso Na ROMHANTEN B-6807				
Location	1	980		Ç,	-11+h		100	<u> </u>		Foot			
Unit LetterJ	- :	900	. Feel Fr	om The	outh L	bas oc	198	F	et From The	Last		_Lise	
Section 13 Townshi	218		Range	34E		мрм,	Le	a			Cou	inly	
III. DESIGNATION OF TRAN	SPORT	ER OF O	TT. AN	ו מרגע מ	RAT. GAS								
Name of Authorized Transporter of Oil		or Coader	1216		Address (Gi		to whi	ch approved	copy of this	form is to be s	w)		
Name of Authorized Transporter of Oil S or Condensate Enran Oil Trading and Transportation Compan						P.O. Box 1188, Housto							
Name of Authorized Transporter of Casinghead Cas X or Dry Cas Phillips 66 Natural Cas 6Pm 62					Address (Gi	weeddress eevri 11	io whi	сл арргожа ОК 740	l copy of this) ND 3	form is to be se	ini)		
If well produces oil or liquids,	Unit		Twp.		ls gas actual			When					
give location of tanks.	L	13	215	34E	Ye	-		i	6-10-82				
(this production is commingled with that V. COMPLETION DATA	ന്നെ ചു			e comming	~~~								
Designate Type of Completion	- (X)	Oil Well	0	lat Well	Now Well	Workov	er	Deepea	Plug Back	Same Res'y	n nick	čes'v	
Dala Spudded	Date Con	npl. Ready to	Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, LIC.)	RT, GR, etc.) Name of Producing Formation					Top OiVG2s Pay				Tubing Depth			
Perforations :									Depth Casing Shoe				
	CEMENTING RECORD DEPTH SET				SACKS CEMENT								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEFINOET				SAONS CEMENT				
											,		
I mnom h I I I N h h h o t I no	7 200	III OW	जा क		<u></u>				<u></u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	I FOK	ALLUYY A	atlad o	il and must	be equal to or	exceed to	o allox	able for this	depth or be	for full 24 how	·s.)		
Date First New Oil Run To Tank	Date of T		0,10000		Producing M								
									Choke Size	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Leogth of Tes	ca Tubing Pressure				Casing Pressure								
Actual Prod. During Test	Oil - Dble.				Water - Bbls.				Gas- MCF				
GAS WELL	l			,				······································	/				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Coodensate/MMCF				Gravity of Condensate				
esting Method (pital, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)				Choke Size				
VL OPERATOR CERTIFIC	ATE O	F COMP	LIAN	CE		31L 3			ATION!	חואוכוכ	\		
I hereby certify that the rules and regulations of the Oil Conservation							ON:	SEHVA	411011	DIVISIC	11.1		
Divition have been complied with and that the information given above it true and complete to the best of my knowledge and belief.						Date Approved JUL 2 3 1993							
	`				Date	s Appro)\60		190	<u></u>			
Mark						Orig. Signed by							
Signature Max Guerry Regulatory Manager						By Paul Kautz Geologiat							
Pricted Name 6/21/93		(915)	Tille		Title			۰۰ - ۰۰ وي -					
0/21/93 Data		*	phone N										

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.
- 2) Will out only Sections I II III and VI five changes of occration well name or number, transporter, or other such changes.

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148