

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer D, Artesia, NM 88210  
DISTRICT III  
1000 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

I. Operator Collins & Ware, Inc. Well API No. 30-025-02751  
Address 303 W. Wall Avenue, Suite 2200, Midland, TX 79701  
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas ☐  
☒ Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator Hal J. Rasmussen Operating, Inc., 310 W. Wall, Suite 906, Midland, TX 79701

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson State Well No. 19 Pool Name, Including Formation Wilson Yates-Seven Rivers Kind of Lease State, Federal or Fee Lease No. B-11610  
Location  
Unit Letter G 2310 Feet From The North Line and 1650 Feet From The East Line  
Section 23 Township 21S Range 34E NMPM, Lea County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Disposal Well  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 Sec. Twp. Rge. Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF  
GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, 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 Max Guerry Regulatory Manager  
Printed Name 6/21/93 Title (915) 687-3435  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUL 23 1993

By Paul Kautz Geologist  
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.