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DISTRICT II  
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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 <b>Collins &amp; Ware, Inc.</b>	Well API No. 30-025-03424
Address 303 W. Wall Avenue, Suite 2200, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>Hal J. Rasmussen Operating, Inc., 310 W. Wall, Suite 906, Midland, TX 79701</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Shell State</b>	Well No. 1	Pool Name, including Formation <b>Wilson Yates-Seven Rivers</b>	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No. B-1399
Location Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>7</b> Township <b>21S</b> Range <b>35E</b> , 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"/> <b>EOTT Energy Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1188, Houston, TX 77251-1188</b>					
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 L	Sec. 13	Twp. 21S	Rge. 34E	Is gas actually connected? NO	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				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 - Dbls.	Water - Dbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Dbls. 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 Max Guerry Title  
Date 6/21/93 Telephone No. (915) 687-3435

**OIL CONSERVATION DIVISION**

Date Approved JUL 23 1993  
By Paul Kautz  
Title Geologist

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 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.