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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-104  
Revised 1-1-65  
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**OCT 31 1988**

O. C. D.  
OFFICE

I. Operator  
**Manzano Oil Corporation 505/623-1996** ✓

Address  
**P.O. Box 2107/Roswell, NM 88202-2107**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate  **Change of Operator effective 11/1/88**

If change of ownership give name and address of previous owner **Previous Operator: R. Q. Silverthorne, P.O. Drawer 10 Plainview, TX 79072**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lanning</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Shugart-Yates SR. 2-17</b>	Kind of Lease State, Federal or Fee	<b>NM-01375</b>	A- <b>Lease No</b>
Location					
Unit Letter <b>I</b>	: <b>1650</b> Feet From The <b>South</b> Line and		<b>990</b> Feet From The <b>East</b>		
Line of Section <b>25</b>	Township <b>18S</b>	Range <b>30E</b>	, NMFM, <b>Eddy</b>		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>Texas New Mexico Pipeline Co.</b>	<b>P.O. Box 1510, Midland, TX 79702-1510</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	Sec.	Twp.	Rge.	Is gas actually connected? When
	<b>I</b>	<b>25</b>	<b>18S</b>	<b>30E</b>	<b>No</b>

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, CR, 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 (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		<b>POST 10-3 11-4-88</b>
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	<b>Chg. op.</b>
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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED **NOV 01 1988**, 19

BY **Original Signed By Jackie Williams**

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multiple.

*Jackie Midkiff*  
(Signature)

**Jackie Midkiff/Landwoman**  
(Title)

**10/26/88**

(Date)