

District IV
PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Manzano Oil Corporation P.O. Box 2107 Roswell, NM 88202-2107		OGRID Number 013954
		Reason for Filing Code CO effective 8/1/96
API Number 30-0 15-10369	Pool Name Shugart Yates SR-Q-GR SWD, GRAYBURG	Pool Code 56439 96108
Property Code 19341	Property Name Benson Shugart Waterflood Unit	Well Number 34

II. ¹⁰ Surface Location

U1 or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	30	18S	31E		2310	South	2160	West	Eddy

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	30	18S	31E		2310	South	2160	West	Eddy
" Lee Code	" Producing Method Code	" Gas Connection Date			" C-129 Permit Number		" C-129 Effective Date		" C-129 Expiration Date
F	SWD								

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
	Phillips Petroleum Company	1063510	0	K, Sec 30, T18S, R31E
9171	GPM	1063530	G	K, Sec 30, T18S, R31E

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IV. Produced Water

" POD	" POD ULSTR Location and Description	OIL CON. DIV.
1063550		PAGE 2

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	
				Part I.D. 3
				8-16-96
				shy ap

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method

Signature: _____

Printed name:

Time:

Date: 7/30/96

Phone: (505) 623-1996

OIL CONSERVATION DIVISION

Approved by:

DISTRICT II SUPERVISOR

Title:

Approval Date:

AUG - 7 1996

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date _____