

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-110
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
B. H. Keyes
Address
Box 842, Aztec, New Mexico 87410
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change Operator & Lease Names
(from Maxey Federal)
If change of ownership give name and address of previous owner
Manana Gas, Inc., Box 145, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maxey	Well No. 1J	Pool Name, Including Formation Fulcher Kutz Pictured Cliffs	Kind of Lease Lease Federal or Fee Federal	Lease No. NM-013885
Location Unit Letter H ; 1820 Feet From The North Line and 730 Feet From The East Line of Section 24 Township 29N Range 12W , NMPM, San Juan 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)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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.
		X	X					
Date Spudded 12/9/80	Date Compl. Ready to Prod. 1/27/81	Total Depth 1905	P.B.T.D. 1875					
Elevations (DF, RKB, RT, GR, etc.) 5678 GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1759	Tubing Depth 1788					
Perforations 1759, 61, 63, 65, 68, 70, 73, 77, 79, 83, 88, 91 & 1824			Depth Casing Shoe 1903					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 7/8	5 1/2		119		35			
4 3/4	2 7/8		1903		150			
	1 1/4		1788					

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 71 MCF: AOF 268	Length of Test 3 Hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 135	Casing Pressure (Shut-in) 166	Choke Size 375

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.

AR Sendile
Agent
9/16/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 7, 1981
Original Signed by FRANK T. CHAVEZ
BY SUPERVISOR DISTRICT # 3
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiple