| J. or co | | ı | | | |
|------------------|-----|---|---|--|--|
| DISTRIBUTIO | | | | | |
| ANTA FE | | | | | |
| FILE | | | | | |
| J.S.G.S. | | | - | | |
| LAND OFFICE | | | | | |
| TRANSPORTER | OIL | | | | |
| I TRANSFORTER | GAS | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator | | | | | |
| Manana Gas, INc. | | | | | |
| Address | | | | | |
| Par 145 Farmingo | | | | | |

| | DISTRIBUTION SANTA FE | | CONSERVATION COMMISSIO FOR ALLOWABLE AND | N Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 | | |
|--|--|---|---|---|--|--|
| 1. | J.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE | AUTHORIZATION TO TRA | ANSPORT OIL AND NATU | JRAL GAS | | |
| •. | Operator Manana Gas, INc. | | | | | |
| | Address | No. 1 No. 1 no. 07401 | | | | |
| | Reason(s) for filing (Check proper box) | n, New Mexico 87401 | Other (Please expla | tin I | | |
| | New Well | Change in Transporter of: | _ | , | | |
| | Recompletion Change in Ownership | Oil Dry Go Casinghead Gus Conde | | ell number from #1J to #3 | | |
| | If change of ownership give name and address of previous owner | | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE | | | | |
| | Aunt Maggie Location | Well No. Pool Name, Including F 3 Aztec-Frui | | of Lease No. , Federal or Fee Fee | | |
| | Unit Letter J : 160 | OO Feet From The South Lir | ne and 1700 Fee | et From TheEast | | |
| | Line of Section 25 Tow | mship 29N Range | 11W , NMPM, S | San Juan Ccunty | | |
| III. | DESIGNATION OF TRANSPORT | | | ch approved copy of this form is to be sent) | | |
| | Name of Authorized Transporter of Cas El Paso Natural Ga | | | Paso, Texas 79978 | | |
| | If well produces oil or liquids, give location of tanks. | Twp. rage. | No | When | | |
| | If this production is commingled wit COMPLETION DATA | h that from any other lease or pool, | | er: | | |
| | Designate Type of Completio | n – (X) | X | | | |
| | Date Spudded 7/13/81 | Date Compl. Ready to Prod. 7/25/81 | Total Depth 1950 | P.B.T,D. 1908 | | |
| | Elevations (DF, RKB, RT, GR, etc.) 5597 G | Name of Producing Formation Fruitland | Top Oil/Gas Pay | Tubing Depth | | |
| | Perforations | | 1003 | None Depth Casing Shoe | | |
| | 1603 to 1628' 2 shots per foot TUBING, CASING, AND | | CEMENTING RECORD | 1943 | | |
| | HOLE SIZE | casing a tubing size 5.500 | DEPTH SET 161 | SACKS CEMENT 50 SX | | |
| | 4.75 | 2.875 | 1943 | 50 sx 155 sx | | |
| V. | TEST DATA AND REQUEST FO | OR ALLOWARIE. (Test must be a | fter recovery of total valume of | load oil and must be equal to or exceed top ollows | | |
| i | OIL WELL Date First New Oil Run To Tanks | | (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) Producing Method (Flow, pump, gas lift, etc.) | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | | | | 2.6 2 - 4 | | |
| | Actual Prod. During Test | Cil-Bbis. | Water-Bble. | E- BET-MOF | | |
| , | GAS WELL | | , | CR. COM. | | |
| | Actual Prod. Test-MCF/D Q = 2120, AOF 3948 | Length of Test 3 Hrs. | Bbls. Condensate/MMOF | Gravity of Condensate | | |
| | Testing Method (pitot, back pr.) Prover | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) 566 | Choke Size | | |
| VI. | CERTIFICATE OF COMPLIANC | E | OIL CONS | ERVATION COMMISSION | | |
| | I hereby certify that the rules and re Commission have been complied w above is true and complete to the | ith and that the information given | APPROVED AUG 5 79 1981 BY Original Signed by CHARLES GHOLSON | | | |
| | • | - | TITLE DEPUTY OIL & G | TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 | | |
| - | This for this form | | This form is to be fill If this is a request for | is form is to be filed in compliance with RULE 1104. This is a request for allowable for a newly drilled or deepened | | |
| Vice President (Title) August 4, 1981 (Date) tests taken of All section solution new Fill out well name or | | | 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 allow- | | | |
| | | | able on new and recomple Fill out only Section | e 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. Sanarata Forms C-104 must be filed for each pool in multiply | | | |