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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

30-045-26741

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-1
Effective 1-1-85

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MAR 17 1987

OIL CON. DIV
DIST. 2

I. Operator **Manana Gas, Inc.**

Address **P.O. Box 36990, Albuquerque, N.M. 87176**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nancy Hartman	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A ; 1270 Feet From The North Line and 870 Feet From The East Line of Section 22 Township 29N Range 11W , 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"/> No Oil	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"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Tx 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 8/4/86	Date Compl. Ready to Prod. 10/16/86	Total Depth 2915	P.B.T.D. 2885					
Elevations (DF, RKB, RT, CR, etc.) 5486 GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 2712	Tubing Depth 2796					
Perforations 2712-22; 2804-06; 2808-15; 2824-26			Depth Casing Shoe 2891					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
8.75"	7.000"	274		110 Sax-125 Cuft.				
6.25"	4.500"	2891		325 Sax-598 Cuft.				
		2796						

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	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 10-16-86	Length of Test 3 Hrs.	Bble. Condensate/MMCF none	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 902	Casing Pressure (shut-in) 924	Choke Size 0.75"

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.

Ed Hartman
(Signature)
President
(Title)
3/13/87
(Date)

OIL CONSERVATION COMMISSION

MAR 17 1987

APPROVED _____, 1987
BY _____ Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 8

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 deviator 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 multiply completed wells.