30-045-26771

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED
JUN - 9 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Manana Gas, Inc.

Address: P.O. Box 369 90, Albuquerque, N.M. 87176

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [X] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

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

orthodox location in the pay zone.

II. DESCRIPTION OF WELL AND LEASE This well was directionally drilled and was at an

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cook	1-E	Basin Dakota	State, Federal or Fee Fee	

Location
~~884~~ @ total depth @ surface
903 @ total depth @ surface

Unit Letter D : 235 Feet From The North Line and 368 Feet From The West

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 [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
GiantRefining Co.	P.O. Box 9156, Phoenix, AZ 85068
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	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
	D	22	29N	11W		

If this production is commingled with that from any other lease or pool, give commingling order number: Not applicable

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

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

Ed Hartman
(Signature)

President
(Title)

6/8/87
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 09 1987, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 multiply completed wells.

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/19/87	6-2-87	6564	6496
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5489 GL	Basin Dakota		
Perforations			**Depth Casing Shoe**
6261-6292; 6350-6396; 6432-6442			6554

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.250	8.625	354	310 Sx (366 Cuft)
7.875	4.500	6554	2055 sx (3062 Cuft)
Tubing	2.375	6440	

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)

OIL WELL

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 - Bbls.**	**Water - Bbls.**	**Gas - MCF**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1561 AOF /319	1 hour		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	551	1125	0.75"