

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

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

30-045-24092

I.

Operator Manana Gas, Inc.	
Address Box 145, Farmington, New Mexico 87401 (505) 325-3066	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mary Wheeler	Well No. 1 E	Pool Name, Including Formation Basin-Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter M	892	Feet From The South	Line and 624	Feet From The West	
Line of Section 23	Township 30 N	Range 12 W	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation Permian (En. 9/1/87)	Box 1183, Houston, Texas 77001				
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 M	Sec. 23	Twp. 30 N	Rge. 12 W	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 Restv.	Diff. Restv.
		X	X					
Date Spudded 1/28/80	Date Compl. Ready to Prod. 3/8/80	Total Depth 6488	P.B.T.D. 6441					
Elevations (DF, RKB, RT, GR, etc.) 5495 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6197	Tubing Depth 6198					
Perforations 6197-6202, 6210-12, 6240-44, 6246-48, 6276-93, 6315-21, 6344-46, 6362-65, 6410-12.							Depth Casing Shoe 6484	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		227		390			
7 7/8	4 1/2		6484		1372			
	2 3/8		6198					

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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 812 MCF, 829 AOF	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 1 point	Tubing Pressure (Shut-in) 1794	Casing Pressure (Shut-in) 1816	Choke Size 3/4"

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.

AK Kendrick
(Signature)
Vice President
(Title)
3/10/80
(Date)

OIL CONSERVATION COMMISSION

MAR 23 1980

APPROVED _____, 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 multiple