

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
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-114
Effective 1-1-65

BK.

API-30-045-23786

I. OPERATOR

Operator
MANANA GAS, INC.

Address
P. O. Box 145, Farmington, New Mexico 87401

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"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 Aunt Maggie	Well No. 2	Pool Name, including Formation Bloomfield Farmington	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter I	790	Feet From The East	Line and 1575	Feet From The South	
Line of Section 25	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"/>	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	P. O. 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 as soon as possible

If this production is commingled with that from any other lease or pool, give commingling order number: single

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 9/19/79	Date Compl. Ready to Prod. 11/17/79	Total Depth 1220	P.B.T.D. 1179					
Elevations (DF, RKB, RT, GR, etc.) 5521 GL	Name of Producing Formation Farmington	Top Oil/Gas Pay 811	Tubing Depth 1105					
Perforations 811-18; 838-48; 884-92; 1004-10; 1058-64; 1104-27			Depth Casing Shoe 1215.80					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	7"	83	45 sax					
5 1/8"	2 7/8"	1215.80	200 sax					
	1"	1105						

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
		DEC 11979	

GAS WELL

Actual Prod. Test-MCF/D 189 AOF	Length of Test 3 hrs.	Bbls. Condensate/MMCF none	Gravity of Condensate none
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 211	Casing Pressure (Shut-in) 210	Choke Size 0.250

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)

11/28/79

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____ Original Signature _____

TITLE _____ DEPUTY OIL CON. COM. DIST. 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