District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Escrer, Miscrals & Natural Resources Department

Form C-104 Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office

District II 20 Drawer DD, Artesia, NM \$8211-0719

OIL CONSERVATION DIVISION

District III 1000 Rio Bruzo	a Rd., Aziec	NM 87410			PO Bo	x 2088					<b>,,,,,</b> ,,,	5 Copies	
District IV				Santa	Fe, NM	1 87504	1-2088				T AMT	NDED REPORT	
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			Operator as	me and Addres	IND AC	11101	UZAI.	TION TO TRANSPORT					
Manzano Oil Corporation							<u></u>				013954		
P.O. Box 2107 Roswell, NM 88202-2107											Reason for Filing Code		
			-210/	<del></del>						NW			
30 - 0 25-	41 Number -33806		'Pool Name Wildcat /					h-tac	7 6	0	• 1	Pool Code	
	roperty Code			roperty Name			en Wel	HOMP 12625					
18	3971		"SV" Chipshot								· · · •	2	
II. 10 S	Surface	Location	1	··						<del></del>	•.		
Ul or lot no.			Range	1 1				outh Line	Feet from the	East/West line County		County	
M			36E			966 Sc		outh 481		We	West Lea		
		Hole Lo						•					
M 11		Towaship 16S			Feet from the		North/South line South		Feet from the 481		st	County Lea	
11 Lae Code		ing Method C			<del></del>	•	<u> </u>						
_		F	Gas Connection Date 4/11/97			" C-129 Perm			C-129 Effective	Dale	" C•	29 Expiration Date	
III. Oil a	nd Gas	Transpor			l <u>-</u>			l			<u> </u>	*	
11 Transporter			Trassporter	" POD " 0/G			12 POD ULSTR Location						
007440 E.O.		ОТТ	T. T. Enougy Coun			2017726			V Co-	and I	Descripcio	<u> </u>	
200000000000000000000000000000000000000		E.O.T.T. Energy Corp. P.O. Box 1188			aniv.	281773		0	K, Sec	11, 11	65, K	36E	
		Houston, TX 77251-1188											
		GPM Gas Corporation P.O. Box 5050			2	2817987							
	Ва	Bartlesville, OK 74005											
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Secretary and a second second second	70-4-304, 330		<del></del>				curations.	STEENINGS.			<del></del>		
ale do conserva	<b>2</b>		and a				A STANLAND	100 A 100 A					
IV. Produ	uced W	nter.								·			
IV. Produced Water  "POD ULSTR Location and Description													
							2111 Date	400 400 5	roci i palva				
V. Well (		ion Data										<del></del>	
Spud Date			" Ready D	" TD				" PBTD " Perforations					
2/17/97			4/14/97 " Casing & Tubing S			11,980'			10,685'		10,584-608'		
M Hole Size			<del> </del>		11 Depth Set					s Cement			
17-1/2"			<del> </del>	406'K			<del></del>						
7-7/8"			8-5/8" 5-1/2"			4,373'K							
DV tool @ 7,155'			-		10	,853'K							
VI. Well			<u> </u>					Stage	II: 2	275 sx Super			
Date N			elivery Date	× Te	mt Date	<del></del>	" Test Le	ngth	" Tog. 1	resure	1	" Cag. Pressure	
4/7/97	7	4/11/97		4/11/97		24 hrs		•	}				
" Choke	e Size		Oil	4 Water		"Gu		" AOF		_	" Test Method		
10/64"		100  he rules of the Oil Conservation Division have bee			0	160					F 		
with and that the	fy that the ru e information	ica of the Oil spives above	Conservation D is true and com	ivision have be plete to the best	en complied tof my		0	II CO	NSERVAT	ו מסוי	יאוענכ.	ION	
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a llusar allanande							Approved by:						
Allison Hernandez							Tide: property of the second o						
Engineering Technician							Approval Date: MAY 1 3 1997						
	/14/97		Phone: (5		1996								
"If this is a c	parts of obs	crator fill in t	he OGRID nu	nber and name	e of the pre	vious opers	Lor		<del>,</del>				
	Previous (	Operator Sign	sture		<del></del>	Print	d Name			т-	itle	Date	
		- <b>-</b>								••			

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## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60° Report all oil volumes to the nearest whole bar

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (include volume requested)

  If for any other reason write that reason in this box. 3.

If for any other reason write that reason in this box.

- 4. The API number of this well
- The name of the pool for this completion 5
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

SP

ge from the following Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe NU

- The producing method code from the following table: F Flowing Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR' of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD [Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of eacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Pumping

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.