

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-164  
Revised 1-1-89  
See Instructions  
on Reverse of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Manzano Oil Corporation	505/623-1996	Well API No.
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dorothy	Well No. 1	Pool Name, Leasing Footprint EK Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM19448
Location Unit Letter <u>P</u> : <u>554</u> Feet From The <u>South</u> Line and <u>554</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18S</u> Range <u>33E</u> NMPM. Lea <u>        </u> County <u>        </u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give amount of output	Unit <u>P</u>   Sec <u>25</u>   Twp <u>18S</u>   Rge <u>33E</u>	Is gas actually compressed? <u>        </u>   Where? <u>        </u>

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	Surface Re-ent	Full Re-ent
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Excesses (DF, RCB, RT, CR, etc)	Name of Fracturing Fortification		Top Oil/Gas Pay		Tubing Depth			
Performance					Depth Casing Stem			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for said depth or to (or full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Interval (Flow, pump, gas lift, etc)	
Length of Test	Tubing Pressure	Casing Pressure	Casing Size
Actual Prod. During Test	Oil - Bbls	Water - Bbls	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Well Completion Interval	Gravity of Condensate
Producing Interval (flow, lift, etc)	Tubing Pressure (Std. in)	Casing Pressure (Std. in)	Casing Size

VI. OPERATOR 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 above is true and accurate to the best of my knowledge and belief.

Signature Laura J. King  
Title Prod. Analyst  
Date Nov 19, 1991 Telephone No. 505/623-1996

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By LEBBY GEXTON  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104  
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.  
2) All sections of this form must be filled out for allowable on new and recompleted wells.