

RECEIVED

APR 20 '90

Form C-104
Revised 1-1-89
See Instructions
at bottom of PageState of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088O. C. D.
ARRESIA, OFFICESubmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brizos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation 505/623-1996		Well API No. 30-005-62177
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☒ Other (Please explain) <u>Well SI.</u> Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator Carl A. Schellinger, P.O. Box 447, Roswell, NM 88202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pioneer 26 State	Well No. 1	Pool Name, including Footnote Wildcat <u>Montoya</u>	Kind of Lease State, Pool, or Free	Lease No. LG-7986
Locuse Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>8 South</u> Range <u>27 East</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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	Surge Test	Full Test
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RCB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Starts		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>4-27-90</u>
			<u>chg op</u>

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 Tank	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/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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 complete to the best of my knowledge and belief.

Signature Sharon M. Williams
Production Clerk
Printed Name MANZANO OIL CORPORATION Title 505/623-1996
Date April 19, 1990 Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 24 1990By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.