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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

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

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OCT 4 1971

I. OPERATOR

Operator Mana Resources, Inc.

Address P.O. Box 7, Spearman, Texas 79081

Reason(s) for filing (Check proper box)

New Well (Name) <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>Change lease name from State 21</u>
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 <u>State 21 Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Grayburg Morrow Gas</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1266</u>
Location				
Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u>				
Line of Section <u>21</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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)	
<u>The Permian Corporation</u>	<u>Box 1183, Houston, Texas 77001</u>	
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)	
<u>Natural Gas Pipe Line Company of America</u>	<u>P.O. Box 283, Houston, Texas 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>21</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>yes</u> When <u>April 22, 1971</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>Nov. 20, 1970</u>	Date Compl. Ready to Prod. <u>Jan. 15, 1971</u>		Total Depth <u>10,835</u>		P.B.T.D. <u>10,801</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3563 KB</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>10,748</u>		Tubing Depth <u>10,746</u>			
Perforations <u>10,748 - 10,776</u>	56 Holes				Depth Casing Shoe <u>10,834</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>11 3/4"</u>		<u>756</u>		<u>750</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>3,500</u>		<u>600</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>10,834</u>		<u>300</u>			
	<u>2 3/8"</u>		<u>10,746</u>		<u>---</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 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 <u>4.459</u>	Length of Test <u>2.75 Hours</u>	Bbls. Condensate/MMCF <u>20</u>	Gravity of Condensate
Bottom (pitot, each pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
Pressure	<u>1965</u>	<u>okr.</u>	

APPROVED

OCT 6 1971

OIL AND GAS INSPECTOR