

RECEIVED

JAN - 9 1992

O. C. D.
ARTESIA OFFICEForm C-104
Revised 1-1-89
See Instructions
at bottom of PageSubmit 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 Brazos Rd., Aztec, NM 87410State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation ✓ 505/623-1996		Well APIN 30-015-04542
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Effective 1/9/92
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☐		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lanning	Well No. 2	Pool Name, including Fortuna Shugart-Yates-SR-Q-GR	Kind of Lease State, Federal or Fee	Lease No. NM 1375A
Location Unit Leader I : 1650 Feet From The South Line and 990 Feet From The East Line Section 25 Township 18S Range 30E NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give volume of each	Unit I	Sec. 25
	Twp. 18S	Rge. 30E
	Is gas actually compressed? 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 Kick	Ball Valve
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			
Performance					Depth Casing Shoe			

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 this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Finner, 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	Blue Condensate/MCF	Gravity of Condensate
Testing Method (pump, direct prod.)	Tubing Pressure (Static)	Casing Pressure (Static)	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 correct to the best of my knowledge and belief.Signature
Laura J. King
Production Analyst
Title
1/8/92
505/623-1996
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 15 1992

By 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.