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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and C
Effective 1-1-85
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OCT 31 '88

O. C. D.
ARTESIA, OFFICE

Operator
Manzano Oil Corporation 505/623-1996 ✓

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:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	Change of Operator effective 11/1/88

If change of ownership give name and address of previous owner
Previous Operator: R. Q. Silverthorne, P.O. Drawer 10
Plainview, TX 79072

DESCRIPTION OF WELL AND LEASE

Lease Name Keinath	Well No. 2	Pool Name, Including Formation Shugart-Yates-SR-Q-C	Kind of Lease State, Federal or Fee	Lease No. NM-01375
Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 18S	Rge. 30E	Is gas actually connected? ☒ Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New well	Workover	Deepen	Plug Back	Some Reason	Other Reason
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RT, CK, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe POST 10-3 11-4-88 Chg. op.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Chg. op.			

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)

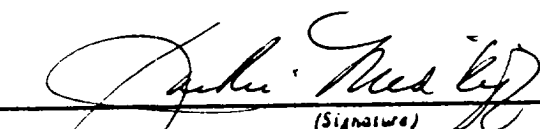
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Jackie Midkiff/Landwoman

(Title)

10/26/88

OIL CONSERVATION COMMISSION

APPROVED NOV 01 1988

BY Original Signed By
Mike Williams

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner or lease, and Section IV for changes of operator or change of production.