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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
RECEIVED
Old O-104 and C
Effective 1-1-65

OCT 31 '88

O. C. D.
ARTESIA, OFFICE

I.

Operator	
Manzano Oil Corporation 505/623-1996 ✓	
Address	
P.O. Box 2107/Roswell, NM 88202-2107	
Reason(s) for filing (Check proper box)	
New well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (please explain) 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Keinath	3	Shugart-Yates-SR-Q-C	State, Federal or Fee	NM-01375
Location				
Unit Letter L ; 2310 Feet From The South Line and 330' Feet From The West				
Line of 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 ☐	Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipeline Co.	P.O. Box 1510, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Company	Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	25
		18S
		30E
Is gas actually connected?	Yes	When 3-25-72

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	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		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 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

Post 10-3
11-4-88
Chg ap.

GAS WELL

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

VI. 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.



Jackie Midkiff/Landwoman

(Signature)

(Title)

10/26/88

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 01 1988

Original Signed By
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 well name or number, or transporter or other such change of condition.