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Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 1-1-89
See Instructions
at bottom of page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Manzano Oil Corporation ✓ 505/623-1996		Well API No. 30-015-21426
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 ☐	
Recompletion ☐	Effective 1/9/92	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lanning	Well No. 3	Pool Name, including Fortuna Shugart-Yates-SK-Q-GR	Kind of Lease State, Federal or Fee	Lease No. NM 01375A
Location Unit Lease I : 1650 Feet From The South Line and 330 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 ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	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 location of lease	Is gas actually compressed? When?
Unit I Sec. 25 Twp. 18S Rge. 30E	

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 Kill	Full hole
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.U.T.D.			
Equipment (DF, KKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performance					Depth Casing String			

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 Kne To Tank	Date of Test	Producing Method (Flow, 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	Well Construction/MHCF	Gravity of Condensate
Producing Method (pump, gas lift, etc.)	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
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 I

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.