

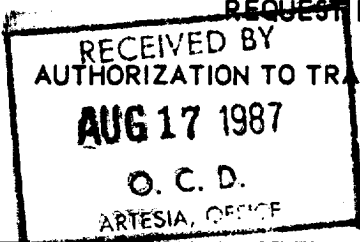
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-  
Effective 1-1-85

1.

Operator Manzano Oil Corporation 505/623-1996Address P.O. Box 2107, Roswell, NM 88202-2107

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Request testing allowable of 2000 barrels of oil for the month of August, 1987
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous ownerBone Spring 7153-8230

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Elliott Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat-Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No <u>NM-27279</u>
Location				
Unit Letter <u>H</u> : <u>1980'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Navajo Refining Company</u>	<u>P.O. Drawer 159, Artesia, NM 88220</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>30</u>	Twp. <u>18S</u>	Rge. <u>30E</u>
	Is gas actually connected?		When	
	<u>No</u>		<u>Unknown</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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded <u>Reentered 7/18/87</u>	Date Compl. Ready to Prod. <u>Unknown-testing</u>		Total Depth <u>8494'</u>		P.B.T.D. <u>8432'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3474' GR</u>	Name of Producing Formation <u>Bone Spring</u>		Top Oil/Gas Pay <u>7153'</u>		Tubing Depth <u>N/A</u>			
Perforations <u>7153' to 7378' &amp; 7863' to 8230'</u>					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13-3/8"</u>	<u>415'</u>	<u>100</u>
<u>12 1/4"</u>	<u>8-5/8"</u>	<u>3,450'</u>	<u>3050</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>8,494'</u>	<u>550</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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## I. 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

8/13/87

(Date)

## OIL CONSERVATION COMMISSION

APPROVED AUG 21 1987, 19BY Les A. ClementsTITLE Supervisor District II

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 deviation  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able 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 conditionSeparate Forms C-104 must be filed for each pool in multiple  
completed wells.