

AMENDED REPORT-TO AMEND TOTAL DEPTH ONLY

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

SEP 04 '87

O. C. D.
ARTESIA OFFICE

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DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRODUCTION 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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal	Well No. 1	Pool Name, including Formation Wildcat-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease NM-2
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> Co				

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) P.O. Drawer 159 Artesia NM 88220	
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) Unknown at this time	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 30
	Twp. 18S	Rge. 30E
	Is gas actually connected? No	
	When Unknown	

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"/>	Re-enter	Deepen	Plug Back	Same Re-ty.	Diff.
Date Spudded Reentered 7/18/87	Date Compl. Ready to Prod. 8/21/87	Total Depth 9630'	P.B.T.D. 8432'					
Elevations (DF, RKB, RT, GR, etc.) 3474' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7153'	Tubing Depth N/A 7180					
Perforations 7153' to 7378' & 7863' to 8230'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	415'	100 Post ID-2
12 1/2"	8-5/8"	3,450'	3050 7-11-87
7-7/8"	5-1/2"	8,494'	550 7-11-87
	2 7/8"	7180	

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 able for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 8/15/87	Date of Test 8/21/87	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 410#	Casing Pressure 1260#	Choke Size 18/64"
Actual Prod. During Test	Oil-Bbls. 245	Water-Bbls. 180	Gas-MCF 459

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.


(Signature)
Jackie Midkiff
Landwoman
(Title)
9/3/87
(Date)

OIL CONSERVATION COMMISSION

SEP 10 1987

APPROVED _____, 19____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District 11

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 deviate 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.