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SANTA FE					
FILE		V	V		
U.S.G.S.					
LAND OFFICE					
RANSPORTER	OIL	1/	Z.		
	GAS		<b>Y</b>		
OPERATOR		V			
PRORATION OFFICE					
Manzano Oil Corpor					
P.O. Box Reason(s) for filing	X 210 Check p	7/R	OSW		
New Well Recompletion					
Change in Ownership					

2/4/88

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE  FILE  U.S.G.S.		FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Supersedes Old C-104 and C- Effective 1-1-65 RECEIVED	
	TRANSPORTER OIL GAS OPERATOR			FEB 05 '88	
1.	PRORATION OFFICE	1		<b>0</b> .c.n	
	Operator Oil Course		1006	ARTESM, OFFICE	
	Manzano Oil Corpo	ration 505/623-	1990		
	P.O. Box 2107/Rosy Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Request testing month of Februar	allowable for the ry of 6000 barrels	
	If change of ownership give name and address of previous owner		Producing from p	perfs 7109-8193	
f <b>T</b>	DESCRIPTION OF WELL AND	I PACP	Bone Spring		
•••	Lease Name  Elliott Federal  Location	Well No. Pool Name, Including F  2 Wildcat-Bone	Spring  Kind of Lease State, Federal	or Fee Fed NM- 27279	
	Unit Letter G; 213	0' Feet From The North Lin	e and 1980 Feet From Ti	n∙ <u>East</u>	
	Line of Section 30 Tov	wnship 185 Range	30E , NMPM, Eddy	County	
1.	Name of Authorized Transporter of Oil Navajo Refining Cor Name of Authorized Transporter of Cas Unknown	mpany	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159/Artesia, NM 88211 Address (Give address to which approved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. G 30 18S 30E	1s gas actually connected? When	Unknown	
	give location of tanks.  If this production is commingled wit COMPLETION DATA	<del> </del>	<del></del>		
	Designate Type of Completio	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Rest	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations   Depth Casing Shoe   7109-7311 & 8021-8193				
	HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOCE SIZE	Oxomo di Todino di E			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)					
	OII, WELL 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
I.	RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION  APPROVED FEB 8 1988		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			Original Signed Pu		
			Original Signed By Mike Williams		
S is		TITLE OIL & Gas Inspector			
Cache Miller			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepene		
	(Signature)  Well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 1  All sections of this form must be filled out comp			ed by a tabulation of the deviation and with RULE 111. the filled out completely for allow	
	(Tit	10)	able on new and recompleted well	· ·	

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 condition Separate Forms C-104 must be filed for each pool in multiply