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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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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
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MAR 02 '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:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal	Well No. 2	Pool Name, including Formation Santo Nino-Bone Spring	Kind of Lease State, Federal or Fee Fed NM	Lease No. 27279
Location Unit Letter G : 2130' Feet From The North Line and 1980' Feet From The East Line of Section 30 Township 18S Range 30E, NMPM, Eddy 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159/Roswell, NM 88202					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267/Ponca City, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 30	Twp. 18S	Rge. 30E	Is gas actually connected? Yes	When 2/12/88

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/27/87	Date Compl. Ready to Prod. 2/26/88		Total Depth 8296'		P.B.T.D. 8263'			
Elevations (DF, RKB, RT, GR, etc.) 3471' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 2100' 7109		Tubing Depth 7108'			
Perforations 7109-7192, 7205-7291, 7306-7311, 8021-8094', 8150-8193'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		403'		400+1" w/350-Circ			
12-1/4"	8-5/8"		2100'		1300+1" w/655-Circ			
7-7/8"	5-1/2"		8296'		450			
		278		7108				

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)

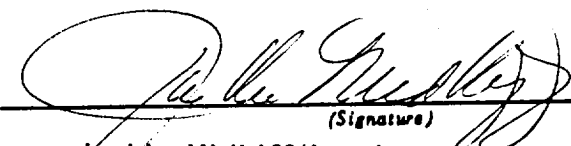
Date First New Oil Run To Tanks 2/6/88	Date of Test 2/26/88	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 300#	Casing Pressure 1050#	Choke Size 32/64"
Actual Prod. During Test	Oil-Bble. 125	Water-Bble. 30	Gas-MCF 250

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)
2/29/88
(Date)

OIL CONSERVATION COMMISSION

MAR 29 1988

APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 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.