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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-105
Effective 1-1-85

APR 15 '88

I. OPERATOR
Operator O. C. D.
Manzano Oil Corporation 505/623-1996 ARTESIA, OFFICE
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)
Request testing allowable of 1500 barrels of oil for the month of April, 1988

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PBIC Federal</u>	Well No. <u>1</u>	Pool Name, including Poration <u>N. Shugart BS</u>	Kind of Lease State, Federal or Fee Fed NM- <u>Fed NM-</u>	Lease No. <u>64595</u>
Location Unit Letter <u>L</u> ; <u>1780'</u> Feet From The <u>South</u> Line and <u>800'</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>18S</u> Range <u>31E</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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 159/Artesia, NM 88211</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>L</u>	Sec. <u>7</u>	Twp. <u>18S</u>	Rge. <u>31E</u>
	Is gas actually connected? <u>No</u>		When <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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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 <u>One shot per foot @ Bone Spring</u>						Depth Casing Shoe		
<u>8178-82, 85, 90, 92-98, 8200-01, 03, 06, 8244, 46, 49, 51, 55, 61-63, 66, 70, 73, 75, 77, 79, 84, 86-88, 92, 96</u>								
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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

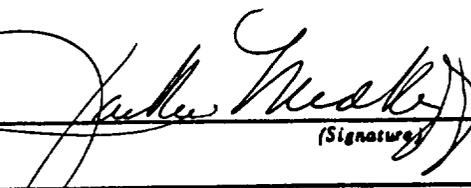
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/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)

(Title)
Jackie Midkiff/Landwoman

4/14/88 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 18 1988, 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.