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O. C. D.
ARTESIA, OFFICE

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Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
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 [X] Change in Transporter of:
Recompletion [ ] Oil [ ] Dry Gas [ ]
Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE Shugart Y-SR-Q-G

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Aceite Federal	1	~~Wildcat~~ (Queen)		NM-66437

Location
Unit Letter F : 1980' Feet From The North Line and 1523' Feet From The West Line
Section 6 Township 19S Range 31E NMPM, EDDY ~~Lea~~ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	F	6	19S	31E		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-8-90	7-20-90	6285'	3437'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3523' GL	Queen	3150 ~~3185~~	3185'
Perforations			**Depth Casing Shoe**
3150-3185' (17' w/34 holes)			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	637'	400 sx Prem Plus
7-7/8"	5-1/2"	3372'	1500 sx Hali Lite +
			300 sx Class C
	2 3/8	3185	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-20-90	7-29-90	Pumping	Post ID-2 9-21-90 comp & BK
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	pumping	24	
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
20 BO	20	50	TSTM

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**

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sher Williams
Signature
Production Clerk
Printed Name — Title
Sher Williams — 505/623-1996
Date July 31, 1990 — Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 1 8 1990

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.