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	DISTRIBUTION SANTA FE	17	FOR ALLOWABLE	Form C-104 10 87 <sup>Supersedes</sup> Old C-104 and C.	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	CONFIDENTIAL REPORT - PLEASE DO NOT RELEAS			A. OFFICE	
1.	perator				
	Manzano Oil Corporation X 505/623-1996				
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	w Weil       Reentry       Change in Transporter of:       Request a testing allowable of         completion       Oil       Dry Gas       3875 barrels of oil for the month         ange in Ownership       Casinghead Gas       Condensate       of December, 1987			
	If change of ownership give name and address of previous owner			81	
11.	Lease Name Radke Federal Location	Radke Federal 1 Undesignated State, Federal or Fee FED NM 56530			
	Unit Letter B ;66	0 <sup>1</sup> Feet From The North Lin	• and1650 Feet From T	he East	
	Line of Section 8 Township 21S Range 27E , NMPM, Eddy County				
l.	Navajo Refining Company		Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159/Artesia, NM 88210		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Unknown		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. Pge. Is gas actually connected? No Unknown				
	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completic				
	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	erforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<b>;</b> .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	] fier recovery of total volume of load all a pth or be for full 24 hows)	ind must be equal to or exceed top allow	
	OII. WELL able for this dej Date First New Oll 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 Teet	Oil-Bble.	Water-Bbls.	Gas - MCF	
			<u></u>	<u>1</u>	
	GAS WELL Actual Prod. Teet-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	
Ι.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED <u>DEC 1 8 1987</u> , 19		
			BY Original Signed By Mike Williams		
1	$h_{1}$		TITLE       Oil & Gas Inspeciel         This form is to be filed in compliance with RULE 1104.         If this is a request for allowable for a newly drilled or deepene.         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 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 filled for each peel in multiply completed wells.		
Ĺ	(Signatury)				
	Jackie Midkiff/Landwoman				
	(1111) 12/4/87 (Doire)				