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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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1. Operator Manzano Oil Corporation ✓ 505/623-1996 FEB 02 '88

Address P.O. Box 2107/Roswell, NM 88202-2107 C.C.D.

Reason(s) for filing (Check proper box) Other (Please explain) ARTESIA OFFICE

New Well ☒ Reentry Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Casinghead Gas MUST NOT BE PLACED OFF 3/10/88

Recompletion ☐ Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Radke Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat-Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No <u>NM-56530</u>
Location Unit Letter <u>B</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>1650'</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

I. 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 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Unknown</u>	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>B</u>	Sec. <u>8</u>
	Twp. <u>21S</u>	Rge. <u>27E</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: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" 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. <input type="checkbox"/>
<u>Reentry</u>	
Date Spudded <u>Reentered 10/29/87</u>	Date Compl. Ready to Prod. <u>1/26/88</u>
Total Depth <u>7815'</u>	P.B.T.D. <u>7617'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3275' GR</u>	Name of Producing Formation <u>Bone Spring</u>
Top Oil/Gas Pay <u>6447'</u>	Tubing Depth <u>7815'</u>
Perforations <u>6447-7489' Bone Spring</u>	Depth Casing Shoe <u>7719'</u>

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	605'	650 sx-circulated
12-1/4"	9-5/8"	2000'	1400 sx - "
8-3/4"	7"	5173-11,640'	2000 sx
7-7/8"	4-1/2"	7719'	250 sx

VI. 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 <u>None to date</u>	Date of Test <u>1/26/88</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>76</u>	Water - Bbls. <u>40</u>	Gas - MCF <u>120</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

Jackie Midkiff
(Signature)
Jackie Midkiff/Landwoman
(Title)
1/28/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 9 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.