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Form C-104
Revised 1-1-89
See Instructions
at Bottom of PageState of New Mexico
Energy, Minerals and Natural Resources Department

NOV 3- '89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088O. C. D.
ARTESIA OFFICESubmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Azusa, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation ✓ 505/623-1996		Well API No. 30-015-20923
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	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

Lease Name Allied Comm	Well No. 1	Pool Name, including Formation Penlon Delaware	Kind of Lease State, Perm Lease	Lease No. V-2394
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>20S</u> Range <u>27E</u> , <u>NMPM</u> Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☒ Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks	Unit B	Sec. 27
	Twp. 20S	Rge. 27E
Is gas actually connected?	When?	
Yes	10/30/89	
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	Surge Test	Full Test
		X		X				
Date Spudded 8/8/89	Date Compl. Ready to Prod. 9/1/89		Total Depth 2887'		P.B.T.D. 2786'			
Elevations (DF, RKB, RT, CR, etc.) 3259'	Name of Producing Formation Delaware		Top Oil/Gas Pay 2747'		Tubing Depth 2021' 2675'			
Perforations 2746' - 2782'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	4-1/2" 11.6#	2908'	185 sx 50/50 pozmix
	2-3/8"	2021' 2675'	Post FD-2
			11-24-89
			comp. Delaware

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.)	
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 235	Length of Test 24 hrs	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 780	Casing Pressure (Shut-in) Zero (Packer)	Choke Size 8/64

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.

Signature Adrian Rolfe
Title Production Clerk
Printed Name October 31, 1989 Telephone No. 505/623-1996
Date

OIL CONSERVATION DIVISION

Date Approved NOV 28 1989
By ORIGINAL SIGNED BY
Title MINING DIVISION
SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.