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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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FEB 02 1988

I. Operator
Manzano Oil Corporation ✓ 505/623-1996 C. C. D.
Address Artesia Office
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 Ownership ☐ Reentry Casinghead Gas ☐ Condensate ☐ REENTRY

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Greenhill State	Well No. 1	Pool Name, including Formation Under E.Avalon Bone Spring	Kind of Lease State, Federal or Fee State	Lease No V-737
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 of Section <u>36</u> Township <u>20S</u> Range <u>28E</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"/> 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 <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>B</u> Sec. <u>36</u> Twp. <u>20S</u> Rge. <u>28E</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	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
	<u>X</u>			<u>Reentry</u>				
Date Spudded <u>Reentered 10/22/87</u>	Date Compl. Ready to Prod. <u>1/28/88</u>	Total Depth <u>8150'</u>	P.B.T.D. <u>8103'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3225.2' GR</u>	Name of Producing Formation <u>Bone Spring</u>	Top Oil/Gas Pay <u>6672'</u>	Tubing Depth <u>6652'</u>					
Perforations <u>6672-6887, 7487-7608, 7672-7733'</u>			Depth Casing Shoe <u>11,860'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20"</u>	<u>16"</u>	<u>700'</u>	<u>730 sx</u> <u>Test ID-2</u>
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>3135'</u>	<u>4415 sx</u> <u>2-26-88</u>
<u>9-1/2"</u>	<u>7-5/8"</u>	<u>9242'</u>	<u>1675 sx</u> <u>comp + BK</u>
<u>6-1/2"</u>	<u>4-1/2"</u>	<u>11,860'</u>	<u>480 sx</u>

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)

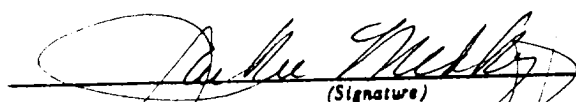
Date First New Oil Run To Tanks <u>12/10/88</u>	Date of Test <u>1/28/88</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>240#</u>	Casing Pressure <u>1200#</u>	Choke Size <u>16/64"</u>
Actual Prod. During Test	Oil-Bbls. <u>90</u>	Water-Bbls. <u>60</u>	Gas-MCF <u>243</u>

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

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.


(Signature)

Jackie Midkiff/Landwoman

(Title)

1/28/88

(Date)

OIL CONSERVATION COMMISSION

FEB 23 1988

APPROVED _____, 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