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LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

K  
Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator  
**Manning Gas & Oil Company**  
Address **1660 Lincoln Street, Suite 2502;  
Denver, Colorado 80203**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name **Apache** Well No. **101** Pool Name, including Formation **Lindrith Gallup-Dakota** Kind of Lease **Indian**  
Location **West**  
Unit Letter **A** ; **500** Feet From The **North** Line and **774** Feet From The **East**  
Line of Section **2** , Township **24N** Range **4W** , NMPM, **Rio Arriba** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1702, Farmington, N.M.87401**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**El Paso Natural Gas Co.** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 990, Farmington, N.M.87401**  
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **2** Twp. **24N** Rge. **4W** Is gas actually connected? **No** When **Unknown**

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA  
Designate Type of Completion - (X) **X** Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
Date Spudded **1-1-75** Date Compl. Ready to Prod. **5-1-75** Total Depth **7980'** P.B.T.D. **7927'**  
Pool **Lindrith Gallup-Dakota West** Name of Producing Formation **Gallup & Dakota** Top Oil/Gas Pay **6975** Tubing Depth **7894**  
Perforations **Gallup 6975-7004, Dakota 7682-7882** Depth Casing Shoe **7977'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**12-1/4** **8-5/8"** **372** **250 sxs**  
**7-7/8** **4-1/2"** **7,977** **755 sxs**

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 **5-7-75** Date of Test **6-15-75** Producing Method (Flow, pump, gas lift, etc.) **Flow**  
Length of Test **24 hours** Tubing Pressure **550 psig.** Casing Pressure **910 psig.** Choke Size **20/64**  
Actual Prod. During Test Oil-Bbls. **120** Water-Bbls. (Recovered Frac Water) **100** Gas-MCF **797**

GAS WELL **222 acres** **RECEIVED JUN 16 1975 OIL CON COM DIST. 2**  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VII. 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.  
**For: Manning Gas & Oil Company**  
**Ewell N. Walsh, (Signature) P.E., President,**  
**Walsh Engineering & Prod. Corp. (Title)**  
**June 17, 1975 (Date)**  
OIL CONSERVATION COMMISSION  
APPROVED **JUN 16 1975**, 19  
BY **Original Signed by Emery C. Arnold**  
TITLE **SUPERVISOR DIST. #3**  
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 Sections I, II, III, and VI only 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 multiply completed wells.