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| TRANSPORTER | OIL | |
| | GAS | 1 |
| OPERATOR | | |
| PRORATION OFFICE | | |

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-110
Effective 1-1-65



| | |
|---|---|
| Operator Manning Gas & Oil Company | |
| Address 1660 Lincoln St., Suite 2502, Denver, Colorado 80203 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|--|---|----------------------------|
| Lease Name Apache | Well No. 16 | Pool Name, Including Formation So. Blanco P. C. | Kind of Lease State, Federal or Fee Indian | Lease No. Jicarilla 127 |
| Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>9</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|---------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NONE | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. Twp. Rge. |
| | | Is gas actually connected? When |
| | | No Unknown |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | XX | | | | | | |
| Date Spudded 3-4-76 | Date Compl. Ready to Prod. 4-18-76 | Total Depth 2917 | P.B.T.D. 2878 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6714' KB | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 2758 | Tubing Depth 2804 | | | | | |
| Perforations 2758'-2768' and 2826'-2832' | | | Depth Casing Shoe 2917 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4" | 8-5/8" | 149 | 290 | | | | | |
| 7-7/8" | 4-1/2" | 2917 | 100 | | | | | |
| | 1-1/4" | 2804 | | | | | | |

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 | 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 Flowing Pressures, Tubing = 29 psig, Casing = 290 psig

| | | | |
|---|---------------------------------------|---------------------------------------|----------------------------|
| Actual Prod. Test-MCF/D 3/4"-463, CAOF 517 | Length of Test 3 hrs. | Bbls. Condensate/MMCF NONE | Gravity of Condensate - |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 855 psig | Casing Pressure (Shut-in) 855 psig | Choke Size 3/4" |

VI. 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
Ewell N. Walsh, (Signature), President
Walsh Engineering & Production
Corporation (Title)

May 11, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 14 1976, 19
BY Original Signed by A. R. Kendrick
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 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 multiply