NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

Mandana State Com. 2 NIPP - PC State, Federal or Fee State E6	
P. O. Box 2810, Farmington, New Mexico Assensis for filing Check proper hox	195
P. O. Box 2810, Farmington, New Mexico Proceedings Proceeding Change in Transporter of:	
Second S	
Recompletion Oil Casinghead Gas Condensate	
If change of ownership give name and address of previous owner. In Description of Well and Lease Weil No. Pool Name, including Formation Kind of Lease Lasse Mandana State Com. 2 NIPP - PC State, Federal or Fee State E6	
II. DESCRIPTION OF WELL AND LEASE Lease Teal	
Lease Frame Well No. Pool Name, including Formation Kind of Lease Location	
Mandana State Com. NIPP - PC State, Federal or Fee State E6	
Unit Letter B; 990 Feet From The North Line and 1680 Feet From The East Line of Section 2 Township 25N Range 12W, NMFM, San Juan II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be seen a condensate of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen to be seen the complete of Casinghead Gas of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas Of Dry Gas X: Address (Give address to which approved copy of this form is to be seen the complete of Casinghead Gas Of	597-2
Line of Section 2 Township 25N Range 12W , NMPM, San Juan II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	771 2
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be some of Authorized Transporter of Casinghead Gas or Dry Gas X. El Paso Natural Gas If well produces oil or liquids, quel location of tanks. 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) Date Spudded Date Compl. Ready to Prod. 9-6-77 9-23-77 Elevations (DF, KKB, RT, GR, etc.) Name of Producing Formation Pictured Cliffs Pictured Cliffs 1260'-74' 2-JSPF Address (Give address to which approved copy of this form is to be some in the produced produced production of Dry Gas X. Address (Give address to which approved copy of this form is to be some in the produced pr	County
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be some of Authorized Transporter of Casinghead Gas or Dry Gas X. El Paso Natural Gas If well produces oil or liquids, quel location of tanks. 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) Date Spudded Date Compl. Ready to Prod. 9-6-77 9-23-77 Elevations (DF, KKB, RT, GR, etc.) Name of Producing Formation Pictured Cliffs Pictured Cliffs 1260'-74' 2-JSPF Address (Give address to which approved copy of this form is to be some in the produced produced production of Dry Gas X. Address (Give address to which approved copy of this form is to be some in the produced pr	
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If well produces oil or liquids, give location of tanks. No 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) Date Spudded 9-6-77 Elevations (DF, RKB, RT, GR, etc.) And the producing Formation Producing Formation 1260'-74' 2-JSPF Date Spudded Pictured Cliffs Designate Type of Completion 1260'-74' 1326'	ent)
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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) Date Spudded 9-6-77 Elevations (DF, RKB, RT, GR, etc.) And Pictured Cliffs Perforations 1260'-74' 2-JSPF Oil Well Gas Well No. Well	
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Date Spudded	ff. Restv.
9-6-77 9-23-77 1335' 1295' Elevations (DF, KKB, RT, GR, etc.) Name of Producing Formation To Sh. Gas Par Tubing Depth 6331' GL Pictured Cliffs 1260' 1249' Perforations 1260'-74' 2-JSPF Depth 1326'	
6331' GL Pictured Cliffs 1260' 1249' Perforations Depth Costing Show 1260'-74' 2-JSPF 1326'	
Perforations 1247	
1520	
TIDING CACING AND SERVERY AS A	
TUBING, CASING, AND CEMEN LAG RECKLIP HOLE SIZE CASING & TUBING SIZE DEPTHIBET SACKS CAMENA	
7 7/8" 5 1/2" 32' 7_	
4 3/4" 2 7/8" 1326' 75 1 1/4" 1249'	
16:17	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total colume o doil and must be able for this depth or be for full 24 hours)	o allow-
Date First New Oil Run To Tanks Date of Test Penducing Method (Flow, pump, gas lift, etc.)	7
Length of Test Tubing Pressure Casing leas,	/ 1
Actual Prod. During Test Oil-Bbls. Water-Bbls.	
of the second se	-/ !
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate	
295 3 hr.	
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Cusing Pressure (shut-in) Choka S.ze Back Pressure 200 200 3/4"	
Back Pressure 200 200 3/4" I. CERTIFICATE OF COMPLIANCE OIL. CONSERVATION COMMISSION	
The second secon	
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.	
TITLE SCREENS & A Page 19	
This form is to be filed in compliance with MULE 1104. 11 this is a request for allowable for a newly drilled or de	
(Signature) well, this form must be accompanied by a tabulation of the d	
All sections of this form must be filled out completely fo	r allow-
December 8, 1977 (Date) able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well range or transporter or other side.	owner,