

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	2
PRODUCTION 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-105
Effective 1-1-65

Operator Manana Gas, Inc.	
Address P.O. Box 80068, Albuquerque, New Mexico 87108	
Reason for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

Lease Name Betty Hartman		Well No. 1	Pool Name, Including Formation Basin Dakota		Kind of Lease State, Federal or Fee	Fee	Lease No.	
Location								
Unit Letter	P	790	Feet From The	south	Line and	1245	Feet From The	east
Line of Section	14	Township	30 North	Range	12 West	NMPM,	San Juan	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Permian Corporation Permian (Eff. 9 / 1 / 87)		P.O. Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.		P.O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 14	Twp. 30	Rge. 12	Is gas actually connected?	When
					No	October 4, 1977

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8-13-77	9-2-77		6601		6550				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5547	Dakota		6335		6538				
Perforations					Depth Casing Shoe				
					6601				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 2/4"	8 5/8"	195	480 sx
7 7/8"	4 1/2"	6601	1904 cu ft

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	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Not tested	None	Not tested	Unknown
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
None	2020	2085	None

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED SEP 11 1977, 19	
Ed Hartman (Signature)		BY Original Signed by A. R. Kendrick	
September 9, 1977 (Date)		TITLE	
		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 completed wells.	

