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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

- State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.,	Aziec,	NM	87410

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	1	UIHA	NOF	OHI OIL	BUD INVI	UI IAL UA	Wal A	Pl No.			
Perator Com The							30-045-22684				
Manana Gas, Inc.						<u>.:</u>					
1002 Tramway Lane	, NE	Alt	buqu	erque. N	и <u>87122</u>	) - (D)	:\				
eason(s) for Filing (Check proper box)				٠	U Othe	t (Please expla	m)				
ew Well		Change in									
scompletion $\square$	Oil		Dry (								
hange in Operator	Casinghead	Cas 📙	Cond	lensate X							
change of operator give name d address of previous operator						<u> </u>				·	
. DESCRIPTION OF WELL A	AND LEA	SE							<del></del>	N	
ease Name		Well No.	Pool	Name, Includin				if Lease Federal or Fee		ase No.	
Betty Hartman		1	<u>L</u>	Basin Da	kota						
ocation .					outh.	. 124	5 -		East	_Line	
Unit Letter P	:790	<u>)                                    </u>	Feet	From The	OUCII Lim	and	<u></u> Fo	et From The _		LAIR	
Section 14 Township	301	Ŋ	Rang	e 12W	,N	ирм,		San J	uan	County	
I. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATUI	RAL GAS	e address to wi	ish summer	copy of this f	rem is to be se	nt)	
laine of Authorized Transporter of Oil		or Conder	nsale	X	Voguese (Ct)					-,	
Giant Refining					P.O. I	BOX 256 e address 10 wl	rarming	conv of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing			or D	ny Gas 🔀		80x 1492				•	
El Paso Natural Gas Co		Sec	Twp	Rge.		y connected?	EI Paso When			<del></del>	
f well produces oil or liquids, ive location of tanks.	Unit	Sec. 14	1 30		YES			ctober 4	, 1977		
this production is commingled with that i											
V. COMPLETION DATA			,							-c:===	
		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	ــــــــــــــــــــــــــــــــــــــ		PER POSE	<u> </u>	<u></u>	P.B.T.D.	L		
Date Spudded	Date Comp	d. Ready I	o Prod	1.	Total Depth			P.B.1.D.			
m d we nun nu ca				ion	Top Oil/Gas Pay			Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		- • • • • • • • • • • • • •								
Perforations	<u> </u>				<del> </del>		<del></del>	Depth Casis	ng Shoe		
: ::::=:		,		•				<u> </u>			
	7	UBING	, CA	SING AND	CEMENT					PAIT	
HOLE SIZE	<del>-,</del>	SING & T			ļ	DEPTH SET			SACKS CEMENT		
					<u> </u>			<del></del>		····	
					<u> </u>						
					<b> </b>						
O MARKET NAME OF THE PARTY OF THE	PARK	1170	/ A th t	<b>F</b>	<u></u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR A	ALLUW	AUL	uEr , vod oil and mus	t he eaual to a	r exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Te		e 0J 10	au ou unu mili	Producing N	Method (Flow, p	ump, gas lýt,	elc.)			
Date LILE GEN ON YOU 10 1911	Date Of 10	ret.									
Length of Test	Tubing Pr	essure			Casing Pres	erite	. — —	Choke Size	1		
					ļ.,			Gas- McF	£96 to 20 a	3m	
Actual Prod. During Test	Oil - Bbis	•			Water - Bbi	E.	I	) E G	EIV	Em	
							lf	H		<del>- 111'</del>	
GAS WELL					[But 7-1]	ensate/MMCF		Cattin	2-9-1990		
Actual Prod. Test - MCF/D	Length of	Test		•	DOIS. COM	CHINESES INTIALCI.					
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)			اهزاما		Casino Pre	seure (Shut-in)		Other Co	DN. DI	<b>V</b>	
			Seeing Liceanic (Sum.in)			DIST. 3					
	7 4 777 6	r co	4D! 1	LANCE	-\r	<u></u>				<b></b>	
VI. OPERATOR CERTIFIC					11	OIL CO	NSER\	<b>MOITA</b>	DIVISI	ON	
I hereby certify that the rules and regularision have been complied with an	ulations of th	e Uil Cont	servali <sub>Dive</sub> n :	ioti abôve	11				2 1990		
Division have been complied with an is true and complete to the best of my	u usat use ini y knowledge	and belief	P. Acti (		n-	ta Annroi	har	JUL	2 1000		
to man and antiferent to me and and an	, :				∥ Da	te Approv			1	,	
Don Ban					_		3.	الرار (	Thomp		
Signature				∥ Ву				DISTRIC	1 /3		
Don Bass		ca		ller	_		ourt	EN 419UN	שוח ושוע	. , .	
Printed Name		(EAF	-	ide 75 <del>-</del> 8817	Tit	18					
6-27-90 Dule				10me No.	]]						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.