State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

PO Drawer DE District III 1000 Rio Brazo			•	ox 2088	TION DIVISION x 2088			Instructions on back Submit to Appropriate District Office 5 Copies					
District IV				Santa	i Fe, N	M 8750	4-2088	}		г	٠, ,,	ENDED REPORT	
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		٠.	Operator as	me and Add	ross .	AID AC	ND AUTHORIZATION TO TE				ANSPORT		
Manzano Oil Corporation P.O. Box 2107										013954			
Roswell, NM 88202-2107										Reason for Filling Code			
'API Number										NW			
30 - 0 25.					Pena Mescale			O (1500) 45750					
	operty Cod	•			Property Name					·			
21454					stol Pete			Well Numb		'ell Number			
II. 10 S	Surface	Location	1										
		Township	Range	Lot.ldn	Feet fr	Feet from the		outh Line	Feet from the			County	
A 11		10S	32E		5	510		orth	660		East	Lea -	
11 Bottom Hole Location													
UL or lot no. Section A 11		oa, Towaship Range I			1	rom the	North/South line		Feet from the		West line	County	
" Lee Code			C		10	North		660		East	Lea		
"Lie Code Producing Method Code "Gas Connection Date C-129 Permit Number "C-129 Effective Date "C-129 Expiration C-129 Effective Date "C-129 Effective Date "C-129 Expiration C-129 Effective Date "C-129 Effective Date "C-									129 Expiration Date				
L						·	<u>.</u>				<u> </u>		
III. Oil and Gas Transporters . "Transporter "Transporter Name "POD "O/G "POD ULSTR									II STR IA				
OGRID		and Address								DPOD ULSTR Location and Description			
138648		Amoco Pipeline Incorporate 502 N. West Avenue				1830P8A 0			Sec 11, T10S, R32E				
	L	evellan	d, TX 7	9336									
24650	- 1 11	Compan	y 2820685 G Sec 11					, T10S, R32E					
	P	'.O. Box	1589 K 74102	1589			140/00	, , , , , , , , , , , , , , , , , , , ,					
		<u> </u>	N 74102		7.30	*******	H11.4.611.	PR-SHIPMEN		-			
West of the second	estero I				- X					·			
ekdisern2sina	Sich (8)												
													
V. Produ	op Wa	ater											
282						" POD UL	STR Loca	uon and D	escription			,	
						·							
V. Well Completion Data			14 Ready Da	n TD			" PBTD	· · · · ·	· Perforations				
8/29/97			1/17/98			9000'			8766'		8698-8704'		
™ Hole Size		" Casing & Tubing Size			u Dept		Depth Set	Set		¹³ Sacks Cement			
17-1/2"			13-3/8"			470'			· · · · · · · · · · · · · · · · · · ·	375 sks			
12-3/4"			9-5/8"			3476'				1725 sks			
8-3/4"			5-1/2"			10804 '					.50 sks		
				2-7/8				52'		100 3			
√I. Well		ita				<u>-</u> l		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Date New Oil		" Gas Delivery Date		H Test Date		" Test Le		ngth	" Tog. Pi	CALLIE .		³⁴ Cag. Pressure	
2/04/98 "Choke Size		2/27/98 " oii		2/05/98		24 hrs							
CHOKE SIZE		52		,	Water		" Gu		" AOF			"Test Method	
" I bereby certif	vision have b	sion have been complied		69	4555				P				
with and that the	pyloumerion	given above i	true and comp	st of my	~	OIL CONSERVATION DIVISION							
knowledge and belief. Signature:							Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS						
Printed name:							FISTRICT I SUPERVISOR						
Allison Hernandez.													
Engineering Technician							Approval Date: MAR J 0 1998						
۷ / ۵	27/98	(ar 61) !- ··	_!0	23-1996		<u> </u>	- T						
" If this is a ch	enta or obc	THE THE LANGE	e ookid bum	oer and nam	se of the bu	erious operal	or						

Printed Name

Date

Title

Previous Operator Signature

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (include volume requested)

 If for any other reason write that reason in this box.

If for any other reason write that reason in this box.

- The API number of this well 4.
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

FSP

Federal State Fee Jicarilla

Navajo Uta Mountain Uta Other Indian Triba

13. The producing method code from the following table:

Flowing Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for 15. this completion
- 16. MO/DAYR of the C-129 approval for this completion
- MO/DA/YR' of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.
 - Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of eacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DAYR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well;
 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verily that the previous operator no longer operates this completion, and the date this report was signed by that person 47.