District : PO Box 1980, Hobbs, NM \$2241-1980 District II

State of New Mexico

Exercy, Minerals & Natural Resources Department

Form C-104

20 Drawer DD, Artesia, NM \$211-0719

Revised February 10, 1994 Instructions on back ice ics

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trict IV Box 20 <b>61</b> , 8	Santa Fr. N	M 87504-2088	<u> </u>							□ A2	MENDED REPO	
	I	REQUES	T FOR A	LLOWA	BLE A	ND AT	JTHOE	TASIS	TOT NOT	RANSPOF	KT .	
Manzano Oil Corporation										<sup>1</sup> OGRID Number		
P.O.	Box 2		02-2107						013954 ' Reason for Filing Code			
	Pi Number		2-210/				***				fective 6/26	
0 - 025-		·	Sand Springs 'Pool Name.							* Pool Code		
Property Code				Property Name			96803					
22369  Surface Location			·			ke Eyes State					Well Number	
or lot no.	Soulon	Location Towards	Range	Loi.lda					•	,		
I			35E			946		uth Line		East/West line	County	
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Lorlet Bo.	Section,	Towaship		Lot Ida	Foot from	n the	North/South line		Feet from the	East/West line	County	
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S	- Freduc	ing Mahod Co F		Connection D. / 26/98	14 C	-129 Perm	i Number		C-129 Effective I	Date II (	-129 Expiration Date	
Oil ar	id Gas	Transpor					· · · · ·	1	<del></del>			
"Transporter OGRID		11 Transporter Name				14 POD 11 O/O			" POD ULSTR Location		ocation .	
38648		Amoco Dinolina I						<del></del>	and Description			
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Warren Po P.O. Box		rren Per	etroleum Company			2821515 G			Sec 6, T11S, R35E			
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" Choke Size		" (	" Oil " Wate		aler	•			" AOF		"Test Method	
reby certify and that the b	that the rule	a of the Oil Co	paservation Div	ision have been	complied							
edge and bel	ief.			wie best (	·	Approved i			ISERVATIO	DN DIVIS	ю'n	
ud sume: Allison Hornandor						Approved by RIGINAL SIGNED BY  GARY WINK						
Allison Hernandez . O Engineering Technician						Approval Date:						
L11'		ing rech	74	05) 623-				17	<sup>*</sup> 1998			
	b/9X:		. ( "11	JUL 0/3-	INAN II						lj.	
6/2		uor fill in the	OGRID numb	er and name	the previou	US Operator	,					

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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 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. 3.
- The API number of this well 4.
- 5. The name of the pool for this completion
- The pool code for this pool 6.
- 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:
  F Federal
  S State
  P Fee
  J Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.
- MO/DAYR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DAYR of the C-129 approval for this completion 16.
- 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 Gae 21.

- 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
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well-
- 28. Plugback vertical depth
- 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.
- Number of sacks of cement used per casing string

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

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DAYR that the following test was completed
- 37. Langth 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: 45. F Flowing
  P Pumping
  S Swabbing
  If other method please write it in.
- 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 verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

