District I PO Box 1940, Hobbs, NM 88241-1980 District H

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

20 Drawer DD, Artesla, NM 88211-0719

OIL CONSERVATION DIVISION

Instructions on back
Submit to Appropriate District Office

District III 1000 Rlo Brazo	≅ Rd A	n - NM 174	10		PO Bo	x 2088		.0.1		~ /.p/	,, op., iu	5 Cop		
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Manzano Oil Corporation											1 OGRID Number			
Manzano Oil Corporation							N PLACED IN THE POOL				013954			
Roswell, NM 88202-210740TJFY THIS OFFICE							IF YOU DO MOT CONCUM				Reason for Filing Code			
												MC NO		
							dcat Lower Abo				Pool Code			
						Property Name				968.03				
22319											Well Number			
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III. Oil a	nd Ga	s Transp	orters	•	· · · · · · · · · · · · · · · · · · ·	·	<u>:</u> _		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Тгаваро	rter	"Transporter Name "POD "O/G								11 POD ULSTR Location				
OGRID						and Description								
138648 A		Amoco Pipeline Incorporate 2				820926 0			Sec 6, T11S, R35E					
		502 N. West Avenue Levelland, TX 79336								,				
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IV. Produ	reed V	Votor												
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V. Well (Comp	etion Da	ıta.	·		•								
	ud Date	euon Da	" TD " PBTD ;											
2/20/98			H Ready Di]		425'			ľ	* ** Perforations 9086-98				
" Hole Size			» с	asing & Tub		1423	" Depth Sec		9125'		9108-14' " Sacks Cement			
1	7"			13-3/8"										
				400'				400 sks C1 C						
12-1/4"				95/8"				00'		200 sks C1 C				
7-7/8"				5-1/2"			9212'			300 Cl C + 185 Super				
				2-7/81	l		90	19'						
VI. Well			. D. P	1					·					
	4/1/98		a Delivery Date					ngth	M The Pressure		" Cag. Pressure			
4/ 1/ 98 " Choke Size			4 Oil		6/98 " Water		24 • Gu		320		pkr "Tost Method			
18/64"			75		O				4 AOF					
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with and that th	e procumi	ion given abo	we is true and comp	plete to the be	at of my		OI	L COI	NSERVAT	ION DI	VISIC	N		
knowledge and belief. Signature:							Approved by:							
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Engineering Technician							Approval Date: WAC 0.6.1998							
Date: 4/9			-		-1996									
" If this is a c	pants of	operator [训]	n the OGRID nur			ious operate)?				·			
Previous Operator Signature							Printed Name				Tille Date			





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. 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.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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.
- 12.

Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla Navajo Uta Mountain Uta Other Indian Triba

- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DAMR' of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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.

- 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.) 22.
- 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27 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
- Outside diameter of the casing and tubing 31.
- 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/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- 45. The method used to test the well: Flowing Pumping Swabbin 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.