District I PO Box 1980, Hobba, NM 88241-1980 District II

District III

State of New Mexico

Energy, Minerals & Natural Resources Department

District II

10 Drawer DD, Artais, NM 83211-0719

OIL CONSERVATION DIVISI

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104 Revised February 10, 1994 Instructions on back

Instructions on back
Submit to Appropriate District Office
5 Copies

1000 Rio Brazos Rd., Azioc, NM 87410 Santa Fe, NM 87504-

District IV PO,Box 2001, S	anta Fe, NA	{ \$7504-2081	. .	V	. 1 0, 111	1 0100	4-2000				AMENT	DED REPORT	
[.			T FOR A			ND AU	THOR	TAZL	TOT NO			·	
Operator name and Address									OGRID Number				
Manzano Oil Corporation P.O. Box 2107									013954				
	8820	2-2107			D RT for			April for 8250 bbls					
	PI Number						Pool Name				Pool Code		
30 - 0 25				W	Wildcat Lower Abo					96803			
7	operty Code	9	Property Name Snake Eyes State						Well Number				
I. 10 Surface Location			n	- 3 5 6		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			1			
Ul or lot no.	or lot no. Section . Township		Range Lot.ldn Feet			from the North/South I		outh Line	Feet from the	East/Wes	And/West line County		
I 6		-115			946		North		660	East		Lea ·	
ULer lot no. Section Township Range Lot Idn For from the North South Hard From the Property													
T	Section.	Township 11S	. *	Lot Idn .	Feet In		North/South lib		Feet from the	1	Ast/West line Cou		
13 Lee Code		ng Mahod	35E	Connection I	94	C-129 Peru	<u> </u>		660 C-129 Effective	Eas		Lea Expiration Date	
S		F						' .	C-117 Ellouive		C-129 1	Express nase	
III. Oil a		Transpo	rters	•				!					
Transporter OGRID			"Transporter N	" POD " O		" O/G	11 POD ULSTR Location and Description) <u> </u>			
		oco Pi	co Pipeline Incorporate				2820926		Sec. 6.	Sec 6, T11S, R35E			
	acas 50	2 N. We	N. West Avenue					0	300 0, 1113, N33E				
ore)) in reliance of recommend	EROYANI LC	verrand	1, 17 /3	330			Section Control		<u> </u>	··			
Note ve ever	803				E	10.00	1600A00						
			 										
					. Esta	este a construe		NOTHER BEST					
V. Produ	uced Wa	ater											
	POD					POD U	LSTR Loca	l bas sour	Description				
V. Well	Comple	ion Dat	<u> </u>			•							
" Spud Date			14 Ready Date			"TD			" PBTD		· 3º Perforations		
2/20/98			4/6/98		9425 '				9125'		9086-98¦ & 9018-14		
™ Hole Size		" Casing & Tubing Size			11 Depth Se					u Sacks Co	tment		
	17"		13-3/8"			400'					ks Cl		
12-1/4"			9-5/8"			420					ks Cl		
7-7/8"			5-1/2"					9212'		300 C	I C +	185 Super	
/Y Well	Test D			2-7/8				9019'				· - · · · · · · · · · · · · · · · · · ·	
VI. Well Test Data "Date New Oil "Gas			Delivery Date "Test Date				" Test L	eaglh	H Tbg. Pressure		7 * (Cag. Pressure	
** Choke Size													
			4 Oil		4 Water		" Gu		" A	OF		Test Method	
# 11	<u> </u>	1111 0(1)10	il Conservation D	iniaiaa basa				·	<u> </u>				
with and that the	e moumino		e is true and com			ا ا	0	IL CO	NSERVAT	ION D	IVISIO	N	
Enowledge and Signature:	A A		41.	1.		Approv	a ORIGII	VAL SIG	NED BY CHP	S WILLIA	MS	•	
Uluson Turnande							DISTRICT I SUPERVISOR						
Allison Hernandez							A parent Date:						
		neering	Technici		2 1000	-	Approval Date:						
4/	8/98	crator (ill in	the OGRID nu	05) 62.		evious pre-	alor						
	Previous	Operator Si	Ensture			Prio	ted Name			טוד		Date	

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.

- 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.
- 3.

Resson 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)

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

- The API number of this well 4.
- 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.
- 9. The well number for this completion
- 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 12.

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 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
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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.

- 22. 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.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. 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
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks 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
- 45. The method used to test the well: Flowing Pumping Swabbin 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.

