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

State of New Mexico
Energy, Minerals & Natural Resources Department

20 Drawer DD, Artesia, NM 88211-0719

District III

OIL CONSERVATION DIVISION PO Box 2088

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office
5 Conies

000 Rio Brazos istrict IV O Box 2068, Si	anta Fe, NM	f 87504-2088		Santa F									DED REPORT	
Manza		perator nat	ION TO TRANSPORT OGRID Number 013954											
Manzano Oil Corporation P.O. Box 2107 Roswell, NM 88202-2107										'Reason for Filing Code CO effective 2/1/96				
30 - 0 25 -			'Pool Name Cuemno Lango Penn								' Pool Code 14980			
(, )	S 1 1		' Property Name Sunburst Cox								' Well Number			
I. 10 S	Surface :	Location Township	<del></del>				n the North/South Line							
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UL or lot no.		Hole Locat	Range	Lot Ida	Fe	ect from	the	he North/So		Feet from the	ect from the East/West line		County	
13 Lac Code	· · · · · · · · · · · · · · · · · · ·		1	Connection Dat /23/85	Le T	" C-1	29 Perm	it Number		C-129 Effective	29 Effective Date 17 (		9 Espiration Date	
		Transporte		,										
OGRID	"Transporter OGRID			19 Transporter Name and Address			" PO	" POD " 0/G			<sup>11</sup> POD ULSTR Location and Description			
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	uced Wa	ater				ut or L						<del></del>		
<del></del>	POD					и	POD UI	STR Local	tion and I	Description				
/. Well (	Complet		**											
	" Spud Date " Hole Size		<sup>24</sup> Ready Date			סד יי				" PBTD		<sup>10</sup> Perforations		
7 Hole Size			11 Casing & Tubing			Size		31 Depth Se		я		<sup>33</sup> Sacks Cement		
												<del></del>		
	Test Da							VI						
******			Dedivery Date HT		cst Date			" Test Length		H Tbg. P	ressure	Ж	Cig. Pressure	
" I hereby certify that the rules of the					Water			" Gas		" A	4 AOF		4 Test Method	
with and that the knowledge and Signature:	he information	m given above is t	true and con	nplete to the best	ec co tofn	emplied	Approve		IL CO	)NSERVAT	ION D	DIVISI	ON	
Printed name: Allison Hernandez								Tide:						
Title:	996	Approval Date: F28 67 1890												
		perator fill in the	OGRID ni			1	ous oper	ator						
	Previous	Operator Signatu	ure	·		·	Print	ted Name	<u> </u>		Ti	Иe	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.

- 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.
- 3.

Reason for filing code from the following table:

NW New Wall

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
- 5. The name of the pool for this complation
- 6 The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion B.
- 9. The well number for this completion
- The surface location of this completion NOTE: If the 10 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

S

ne from the followi Federal State Fee 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/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval to this 17. completion
- 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.

- The ULSTR location of this POD if it is different from the 22 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 24. rell completion location and a short description of the POD example: "Battery A Water Tank", "Jones CPD Water (Example: Tank , etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 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
- 31 Outside diameter of the casing and tubing
- 32 Depth of casing and tubing. If a casing liner show top and
- 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/DA/YR 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 Lanoth 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
- 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:

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 ΔR
- 47. 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