OF COPIES RECEIVED DISTRIBUTION A FE 3.5. D OFFICE ANSPORTER GAS ERATOR ORATION OFFICE		QUEST I	FOR ALL AND	OWABLE		GAS	Form C-104 Supersedes Old Elfective 1-1-65		
Manzano Oil Corpo	oration (50	5-623-	1996)						
P.O. Box 571, Ros	swell, NM 88202						· · · · · · · · · · · · · · · · · · ·		
Reason(s) for filing (Check proper bax) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Conden									
Change of ownership give name nd address of previous owner									
ESCRIPTION OF WELL AND	LEASE								
Jease Name Well No. Pool Name, Including F Sunburst Cox I Cuerno Largo		-	State, Federal						
Location C 6601 North								I	
Unit Letter <u>C</u> ; <u>560</u>					Feet From				
Line of Section 36 Tow	winship 10S Ro	nge	32E	, NMPM,	, Le	a		County	
ESIGNATION OF TRANSPORT		RAL GA		C	1 / . 1				
Nerre of Authorized Transporter of Oil or Condensate			Address (Give adaress i	o which appr	ovea copy	of this form is to	oe sentj	
Name of Authorized Transporter of Casinghead Gas a or Dry Gas			Address (Give address to which approved copy of this form is to be sent) Box 2598, Tulsa, OK 74102						
If well produces oil or liquids,	Unit Sec. Twp. P.ge.		Is gas actually connected? Whe			hen	'n		
give location of tanks.	· · · · · · · · · · · · · · · · · · ·	32E	1	· · · · ·	k	9:15 a	.m. 7/23/8	5	
f this production is commingled wit COMPLETION DATA									
Designate Type of Completio		s Well	New Well	Workover	Deepen	Plug B	ack Same Res'	v. Diff. Res'v.	
Date Spudded 10/10/84	Date Compl. Ready to Prod.		Total Depth 10,450		4	P.B.T.D. N/A			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing	Tubing Depth			
4306.7 GR Penn			9796-9808'				9683 ¹ Depth Casing Shoe		
9796-9808', 10, 370-10, 390'				······································					
HOLE SIZE	TUBING, CASI CASING & TUBING S		CEMENT	DEPTH SE	· · · · · · · · · · · · · · · · · · ·		SACKS CEM	ENT	
17-1/2"	13-3/8"		375'		375				
12-1/4" 7-7/8"	<u> </u>			3760'		475			
		· ·····							
TEST DATA AND REQUEST FO				y of total volu vr full 24 hours		l and must	be equal to or ex	ceed top allow-	
Date First New Oil Run To Tanks	Tanks Date of Test			; Method (Flow		lift, etc.)			
Length of Test	Tubing Pressure		Casing Pressure			Choke	Choke Size		
Actual Prod. During Test	Oil-Bbls.		Water - Bb	Water - Bbis.		Gas • M	Gas - MCF		
GAS WELL									
Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	ndensate/MMCI	F	Gravity	of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	··	Casing Pr	ressure (Shut-	-in)	Choke	Size		
CERTIFICATE OF COMPLIAN							COMMISSION		
CERTIFICATE OF COMPLIAN	CE				ALA .			1	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ORIGINAL SIGNED BY JERRY SEXTON						
			BY						
NI(h	1~1								
Juli The	aky		If	this is a requ	uest for allo	wable for	a newly drille	d or despensed	
Jackie Midkiff/Production Clock			tests to	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.					
(Title)			able on						
7/30/85(Date)			Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply						