

NO. OF COPIES RECEIVED	
DISTRIBUTION	
NOT A FE	
LE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

Operator Manzano Oil Corporation 505/623-1996

Address P.O. Box 571, Roswell, NM 88202

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Ownership Other (Please explain) RECOMPLETION GAS MUST NOT BE OBTAINED.

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Lease Name Sunburst Cox Well No. 1 Pool Name, including Formation Undes Cuerno Largo Kind of Lease State Lease No. LG-4446
 Location Unit Letter C ; 660' Feet From The North Line and 1650' Feet From The West
 Line of Section 36 Township 10S Range 32E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159/Artesia, NM 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) _____

If well produces oil or liquids, give location of tanks. Unit C Sec. 36 Twp. 10S Rge. 32E Is gas actually connected? No When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded 10/10/84 Date Compl. Ready to Prod. 1/7/85 Total Depth 10,450' P.B.T.D. N/A
 Elevations (DF, RKB, RT, GR, etc.) 4306.7 GR Name of Producing Formation Penn Top Oil/Gas Pay 8570 Tubing Depth 9683
 Perforations 9796-9808 w/1spf Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	375'	375
12-1/4"	8-5/8"	3760	1100
7-7/8"	5-1/2"	10450	475

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/28/84 Date of Test 1/7/85 Producing Method (Flow, pump, gas lift, etc.) Pumping
 Length of Test 24hrs Tubing Pressure N/A Casing Pressure N/A Choke Size N/A
 Actual Prod. During Test Oil-Bbls. 160 Water-Bbls. 180 Gas-MCF 120

GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pitot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

CERTIFICATE OF COMPLIANCE

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.
Jackie Midkiff
 (Signature)
Jackie Midkiff/Production Clerk
 (Title)
3/1/85
 (Date)

OIL CONSERVATION COMMISSION
MAR 25 1985
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.
 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