

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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.
Effective 1-1-85

1.

Operator Manzano Oil Corporation 505/623-1996	
Address P.O. Box 2107/Roswell, NM 88202-2107	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sunburst Spence Federal	Well No. 2	Pool Name, Including Formation Flying "M" South Abo	Kind of Lease State, Federal or Fee Fed NM-	Lease No 56545
Location Unit Letter <u>L</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>9S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159/Artesia, NM 88211-0159					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown-negotiating contract	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 <u>L</u>	Sec. <u>13</u>	Twp. <u>9S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>No</u>	When <u>Unknown</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/26/88	Date Compl. Ready to Prod. 9/22/88		Total Depth 8985'		P.B.T.D. 8953'				
Elevations (DF, RKB, RT, GR, etc.) 4343' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8985'		Tubing Depth 8953'				
Perforations 8260-75, 8278-80, 8287-89, 8906-12', 8946-52' (RBP Set @ 8354')				Depth Casing Shoe 8985'.					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1705'		6000 HL + 200 CLC			
7-7/8"		5-1/2"		8985'		500 50/50 POZ			

V. 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 9/8/88	Date of Test 9/22/88	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 116	Water-Bbls. 3	Gas-MCF 200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.


(Signature)
Jackie Midkiff/Landowner
(Title)
9/26/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 30 1988
ORIGINAL SIGNED BY JERRY SEXTON
BY 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 allow able 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 multiple completed wells.

RECEIVED

SEP 29 1988

OCD
HOBBS OFFICE