District i PO Box 1960, Hobbs, NM 88241-1960 District II State of New Mexico
Energy, Minerals & Natural Resources Department

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

PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe. NM 87504-2088

1000 Rio Brazos District IV	Rd., Aztec,	NM 87410	٠٠	,	PO Box ? Fe, NM 8	2088 37504:	-2088					5 Copies	
PO Box 2008, S												DED REPORT	
I.	R	EQUEST				O AU	THOR	IZATI	ON TO TR	ANSP	ORT	1.0	
Operator name and Address									¹ OGRID Number				
Manzano Oil Corporation P.O. Box 2107)13954		
		88202 -	-2107							Reason for	Filing Co	ode	
	PI Number			THIS W	PELL HAS E	BEEN PI	"ACED II YOU DO	N THE P	NOUE	NW			
30 - 0 25-			HOTIFY THIS OFFICE						111110	T I			
	operty Code		Cuerno Largo Penn R-1064							14980			
17361		` <u> </u> .	Shell State							' Well Number			
L		Location					·		·		T - 1		
Ul or lot no.	Section . Towaship				Feet from t	he	he North/Sou		Feet from the	East/Wes	t line	ne County	
В	26	108	32E		330	Í	North		2260	East	East Lea		
11	Bottom	Hole Loc	cation	1.	1				4	1			
	UL or lot no. Section Town				Feet from the		North/South line		Feet from the	East/Wei	st/West line County		
В	26	108	32E	10 m	330		North		2260	East		Lea	
12 Lse Code	¹³ Product	ing Method C	ode " Gas C	Connection Da		29 Permi	i Number		C-129 Effective			9 Expiration Date	
S		F	4/	10/96									
III. Oil a	nd Gas	Transpor	rters	•	****				····				
Transporter OGRID			19 Transporter Name				D	" O/G	11 POD ULSTR Location				
			and Address							and De	scription		
138648 Amo		noco Pip D2 N. We	Pipeline Inc. Trkg. 28 West Avenue				317230 0						
Le		evelland	land, TX 79336				В,			, Sec 26, T10S, R32E			
24650			Petroleum Company 28				317231 G						
P.O. Box			v 1600				. W. LUCE AND CONTROL SAVER				26, T10S, R32E		
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Santa Berlin Str. 18 1 18 11 18	2020-38				(Tringer								
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Chironnau	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Source.			No.					
IV. Prod	uced W	ater			*****		Maria Supr		1				
	POD				и	POD UI	STR Loc	ation and l	Description				
		ļ							•				
V. Well		tion Dat	a	· · · · · · · · · · · · · · · · · · ·						100			
" Spud Date			¹⁴ Ready D	" TD			^μ PBTD		1º Perforations				
1/21/96			4/1/96 9			150'			9087'		8954-621		
M Hole Size			" Casing & Tubing Size				²¹ Depth Set			u Sacks Cement			
17-1/2"			13-3/8"			407			1	370 sx Cl C			
11"				3750'			1	1100 sx Pacesetter Li					
										+ 200 C1 C			
7-7/8"					9150'			400 sx Pacesetter Lite					
7-7/8" 5-1/2" VI. Well Test Data						+ 200 C1 H						secter Erte	
1			a Delivery Date "Test Date			" Test Length			" Tbg. Pressure			" Csg. Pressure	
		4/	/10/96	/05/96	6 24 hrs		^s	32	25				
" Choke Size			"Oil "Water			" Gas		4 AOF		" Test Method			
19/64"			50 0			191				F			
" I hereby cer	nify that the	rules of the Oi	il Conservation I e is true and com	Division have b	een complied			NI 00)	PIONT T	74440	(O) I	
knowledge an				-pre-w w uic de	acor my		Ć		ONSERVAT INAL SIGNEI		אַן אַ זַר	IUN	
Signature: The Signature S							Approved by: GARY WINK						
Printed name! D.E. Brown							Title: FIELD REP. II						
Tide: VP Engineering						Approval Date:							
Date: Am			1	MAY 1 6 1996									
Ap	ril 29		the OGRID nu		3-1996	<u></u>							
			OGMD 80	ocr and pai	ne or rue b ies	none ober	TREOF						
	Previou	Operator Sig	gnature			Prin	ted Name	:	-4	T	itle	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.

Reason 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)

If for any other reason write that reason in this box

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

- The API number of this well
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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: 12.

SPJZJ

Federal State Fee Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: þ Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 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. 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: 21.

Oil Gas

- 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.
- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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
- MO/DA/YR that the following test was completed 36.
- 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
- Barrels of oil produced during the test 41.
- 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
- 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 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 47. signed by that person

