District : State of New Mexico
PO Box 1980, Hobbs, NM 88241-1980 Exercy, Minerals & Natural Resources Department
District II

Form C-104 Revised February 10, 1994 Instructions on back

20 Drawer DD, Artesia, NM \$8211-0719

District III			, ,	•	NSERVA PO Bo a Fe, NN	x 2088			Sub	mit to .	Appropr	iate District Office 5 Copi	
District IV PO,Box 2001, 8	Santa Fe	NM 87504-208	1 ·	שונגס	a re, m	M 9/30	4-2088			[АМ	ENDED REPOR	ζ.
I.			T FOR A	LLOWA	ABLE A	ND AU	THOI	RIZAT	OT NOI	RAN	SPORT	<u>r</u>	
Manz	zano	 Oil Corpo	'Operator ma	Pent -					OGRID Number				
P.O. Box 2107 THIS WELL HAS DEED TO							N THE P	00L		013954 * Reason for Filing Code			
Roswell, NM 88202-2107 DESIGNATED BELOW IF NOTIFY THIS OFFICE						YOU DO NOT CONCUM				NW .			
30 - 0 25-	PI Num.					Pool Nam	2)		1 /		•	Pool Code	_
Property Code				vonian	1 10 110			11/1/97 96374					
20067				State			' Well Number		Vell Number 1				
II. 10 S		e Location	n								٠	·	
Ul or lot so.				Lot.lda	Foot Iro	m the	North/S	outh Line	Feet from the	East	West Line	County	
P 15 10S		108	37E		91	3	Sc	outh	382		East	Lea	
UL or lot so.				Lot Idn	Fort (m	1ka	N	outh line		·		<u></u>	_
Р			37E		1.	Feet from the		uth	Feet from the	i	West line East	Lea	
		ducing Method C	ode " Gas	Connection I					.C-129 ELenti∧			C-129 Expiration Date	
S		F		·								·	
III. Oil a		is Transpo	ITCIS "Transporter I			- 11		" 0/G					_
OGRID			and Addres	4			" POD				POD ULSTR Location and Description		
015694		Navajo Ro	efining (wer 150	ompany 2		818855		0					_
		P.O. Drawer 159 Artesia, NM 88210						85.21	P, 14, 10S, 37E				
		CASINGHE	AD GAS M	UST NO	T BE		•					 -	-
		FLARED A	-	27/	72								
		UNEESS A	N EXCEPT	ON TO F	-407 0	W. COLLECTION OF STREET	10110-011	Second Sec				-	-
		IS OBTAIN	IED.		2.0								
		-		<u> </u>		7.00	- month	STEINHER.					
Address Action					2012	COLORCHUM	\$\\\$\\\$\\\$\\\$\\\$\\\$\\\$\\\$\\\$\\\$\\\$\\\$\\						
IV. Produ	iced \	Water								·			_
	QO.					POD UL	STR Loca	uon and D	escription			······································	_
					_				•				
		letion Data										•	_
Spud Date			H Ready Date		"TD				n PBTD :		Open hole from		
1/20/97 ** Hole Size		ize	3/24/97 " Caling & Tubii			12,108'		12 Depth Set	,108'		12,050 to 12,108'		
17-1/4"			13-3/8"			355'			350 C1 C			3 Cement	7
12-1/4"			8-5/8"			4,250'			<u> </u>	1000 65/35 poz +			c
7-7/8"			5-1/2"			12,050'			···	405 C1 H			
			2-7/8"			11,448'						 '	_
VI. Well													_
" Date New Oil 3/20/97		" Gas Delivery Date		* Test Date			" Test Length		H Tog. Pressure			H Cag. Pressure	
" Choke Size		4 01		3/23/97 "Water			24 hrs		15 			" Tost Method	_
14/64"		208		О			TSTM				Flowing		
"I hereby certify	y that the	rules of the Oil tion given above	Conservation Di	vision have b	con complied			7 00	VOEDI/ 4.7	70)	D ** ***O		7
knowledge and b		^ .	doc bid tomp	ica w uie se	at or my		O	L COI	NSERVAT	ION .	DIVIŞ.	IOŃ	
Stranure: alleson Journand						Approved by: ORIGINAL SIGNED BY JERRY SEXTON							
Printed manne: Allison Hernandez						Tide: ENSTRICT I SUPERVISOR							
Engineering Technician						Approval Date: MAR 2 7 1397							
	4/97		Phone: (5(· · · · · · · · · · · · · · · · · · ·	-1996								
∵iith±sis a ch	wate of	operator fill in t	ne OGRID num	ber and man	ne of the pres	rious opersi	LOF						
	Previou	s Operator Sign	alure			Printe	d Name			7	Nide .	Date	\parallel
													1

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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and illied 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) 3. requested)

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

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navojo
 U Uta Mountain Uta
 I Other Indian Tribe 12.
- 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 gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DAYR of the C-129 approval for this completion 16.
- MO/DA/YR' of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- 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 well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- 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 H 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.
- MO/DA/YR drilling commenced 25.
- 20. MO/DAYR this completion was ready to produce
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of eacks 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.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36 MO/DAYR that the following test was completed
- 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.
- Diameter of the choke used in the test 40.
- Barrels of oll 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
- 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 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 signed by that person 47.