District i PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

Manzano Oil Corporation

OIL CONSERVATION DIVISION PO Por 2088

Submit to Appropriate District Office

District III

1000 Rio Brazo	Rd., Artec,	NM 87410		Santa E	O BOX	2008	2000				5 Copies		
District IV			Santa Fe, NM 87504-2088							☐ AMENDED REPORT			
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٠,											OGRID Number		
M&W Petroloum, Inc. of Louis Ton Tuc. P.O. Box 922										Reason for Filing Code			
Lovington, NM 88260											_		
	API Number	113 002	00			⁴ Pool Name				ffective 10/1/89			
30 - 0 41-		1	South Prairie San Andres						Pool Code				
' Pi	roperty Code		Property Name							50420			
17967			Boyd Federal						' Well Number				
II. 10 Surface Locatio									<u>_</u>				
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UL or lot no.													
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F	T		ode GE C	Connection Date	" с.	129 Permi	t Number		" C-129 Effective	Date ''	C-129 Expiration Date		
III. Oil and Gas Transporters													
"Transpo			" Transporter N	· ·		ll no	<u>, </u>	11.0.0					
OGRID			and Address			¹¹ POD ¹¹ (11 O/G	22 POD ULSTR Location and Description				
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15	POD				1	POD UI	STR Loca	tion and	Description	·			
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V. Well	Comple	tion Dat	a										
15 Spud Date			14 Ready Date			מד יי		" PBTD		29 Perforations			
™ Hole Size			11 Casing & Tubing Size			¹¹ Depth S			ct	et ³³ Sacks Cement			
													
													
	Test D	ata									· · · · · · · · · · · · · · · · · · ·		
Date New Oil "Ga		" Gas	Delivery Date "Test I		Date	Date 17 Test Leng		ngth	ч Tbg. P	ressure	" Csg. Pressure		
** Choke Size			41 Oil 41 Water			" Gas		" AOF		" Test Method			
	:	1											
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with and that the information given above is true and complete to the best of my knowledge and ballef. Signature: OIL CONSERVATION DIVISION ORIGINAL SIGN OF COSE CASE CASE CASE CASE CASE CASE CASE CA													
Signature: Mulley							Approved by: DISTRICT DISTRICTOR						
Printed name:		. 7	MI 115HD			Title:							
Title: PRESIDENT							Approval Date: NOV 8 8 1835						
Date:		-95	Phone:	5-394-38	- بــــــــــــــــــــــــــــــــــــ	 -			RUV	7 6 1533 7 6 1533			
" If this is a			the OGRID nur	nber and name	of the new	ious one-	etor.						
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		Operator Sig	nature		,		ed Name			Title	Date		
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OGRID #013954

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 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.

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

 Add cas transporter 3.

Add gas transporter
Change gas transporter
Request for test allowable (Include volume AG CG RT requested)

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

- The API number of this well
- 5. The name of the pool for this completion
- 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
- 11. The bottom hole location of this completion
- Lease code from the following table:

Federal State

r S P

Fee Jicarilla

NU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 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 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 bottom.
- 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.

- 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.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 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: Flowing Pumping 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.

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