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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation 505/623-1996		Well API No. 30-005-21111
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request for allowable
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name D.J. Fee	Well No. 1-Y	Pool Name, including Formation Cato San Andres	Kind of Lease XXXXXX Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1659</u> Feet From The <u>North</u> Line and <u>1745</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>7</u> South Range <u>30</u> East, <u>NMPM</u> , <u>Chaves</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"/> Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702-3119					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Trident NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250, Midland, TX 79710					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 7S	Rge. 30E	Is gas actually connected? No	When? ASAP

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/16/92	Date Compl. Ready to Prod. 4/24/92		Total Depth 3700'		P.B.T.D. 3650'			
Elevations (DF, RKB, RT, GR, etc.) 4164' GL/4175' KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3420'		Tubing Depth 3645'			
Performances 3597-3611'; 3625-3632'; 3503-18'; 3521-25'; 3529-31'; 3533-36'; 3539-41'; 3543-45'; 3547-60'					Depth Casing Shoe 3700'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		340' KB		200 sks Class C			
7-7/8"	5-1/2"		3700' KB		350 sks Cl H w/8#/sk			
					CSE 400 sks ClC Neat			

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 Tank 5/27/92	Date of Test 5/29/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 15	Casing Pressure 15	Choke Size Open
Actual Prod. During Test 33 BO + 128 BW	Oil - Bbls. 33	Water - Bbls. 128	Gas - MCF TSTM

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
Production Clerk Allison Raney
Printed Name Allison Raney
Date June 3, 1992
Telephone No. 505/623-1996

OIL CONSERVATION DIVISION
JUN 05 92

Date Approved
Orig. Signed by
By Paul Kautz
Geologist
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.