

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1984, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Operator Manzano Oil Corporation	505/623-1996	Well API No. 30-025-28416
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) New Well ☐ Recompletion ☐ Change in Operator ☐		Change in Transporter of: Oil ☐ Condensate Gas ☐ Dry Gas ☒ Concentrate ☐
If change of operator give name and address of previous operator		Effective 6/20/91

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "VF" State	Well No. 3	Pool Name, including Formation Saunders Permo Upper Penn	Kind of Lease State XXXXXX	Lease No. LG-3224
Location Unit Letter <u>K</u> : 1980 Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>14S</u> Range <u>33E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210			
Name of Authorized Transporter of Condensate Gas ☒ or Dry Gas ☐ Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102			
If well produces oil or liquids, give amount of liquid	Unit K	Sec. 16	Twp. 14S	Range 33E
Is gas actually transported?	Yes		When? 12-19-83	

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	Gas Well	New Well	Workover	Deepen	Plug back	Stim. treat.	Full bore
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Equipment (DF, RCB, RT, CR, etc.)	Name of Fracturing Formation		Top Oil/Gas Pay			Tubing Depth		
Performance							Depth, casing shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Due To Test	Date of Test	Producing Interval (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bottom Completion/MVICF	Gravity of Condensate
Producing Interval (flow, pump, gas lift, etc.)	Tubing Pressure (Static)	Casing Pressure (Static)	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 correct to the best of my knowledge and belief.

Signature Laura J. King Production Dept.
Printed Name Laura J. King Title
Date 505/623-1996 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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 multiple completed wells.

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at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation		Well API No. 30-025-28416
Address 1717 West 2nd Roswell New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Other (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ Effective Date: 5/1/91		
If change of operator give name and address of previous operator Chevron U.S.A. Inc. P.O. Box 1150, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "VF" State	Well No. 3	Pool Name, including Formation Saunders Permo, Penn	Kind of Lease State, Federal, or Private	Lease No. LG-322 4
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 16 Township 14S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline	or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co.	or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 14S	Rge. 33E	Is gas actually connected? Yes	When? 12-19-83

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
Kenneth Barros Jr. U.P.
Printed Name
4/29/91 (505) 623-1996
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 11 1991
By Paul Rantz
Geologist
Title

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