District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

State of New Mexico Energy, Minerals & Natural Resources

Form C-10 Revised March 25, 199

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Offic 5 Copie

1000 Rio Brazo	06 Rd., Az	ziec, N	NM 87410		San	ta Fe, N	VM 875	505			Г		ENDED DEI	D∕D	
	District IV 2040 South Pacheco, Santa Fe, NM 87505									OK					
I		RE	QUEST	FOR ALI	LOWABLI	E AND	AUTI	HORIZA	TION	TO TRAN			·		
Manzano Oil Corporation 013954												<sup>2</sup> OGRID Number			
P.C Ros		2-2107		<sup>3</sup> Reason for Filing Code NW											
1,		_		Pool Nam	•		<sup>6</sup> Pool Code								
					, Devonia			<i>-</i>		35910					
27845	roperty C	ode		Property Name  Rum Point — State								1	Well Number		
	10														
<del></del>		Township	Range	Lot.Idn	t.Idn Feet from th		ne North/South L		Line Feet from the		est line	County			
A 2 14S		14S	37E	1	330		North		1222	Eas	t	Lea			
11 Bottom Hole Location								<del></del>							
UL or lot no. Section		_		Range 37e	Lot Idn			the North/South		th line   Feet from the		est line	County		
Lae Code	<sup>13</sup> Prod	`	Method Coc		Connection Date		2-129 Perm	it Number	<del>-</del>	C-129 Effective		•	:-129 Expiration I	Date	
5		P													
III. Oil an		Trai													
18 Transporter OGRID			<sup>19</sup> Transporter Name and Address				24 POD 21 C		<sup>21</sup> O/G	22 POD ULSTR Location and Description					
138648					th Americ	ca 7	3310	าน	D				•		
130040				st Avenu l, TX 79											
		PEA	errand	1 5 IA /	9330							•			
	**********	'n	ACINICH	EAD GAS	MUST NO	T 8									
				L	1.0/0	2					<u>-</u>		· · · · · · · · · · · · · · · · · · ·		
	Ì	E)	NUESS /	AFTER	TION TO	₹-4070									
		IS	IATEO	NED.											
													···		
IV. Produ	iced W	ater	•				•••••								
2831 E	POD			me			24 POD U	LSTR Loca	tion and De	escription					
V Well C	omple	tion	Data					<del></del>							
V. Well Completion Data  28 Spud Date				<sup>4</sup> Ready Date 27 TI			24 PB7		TD	29 Perfor	rations		* DHC, MC		
10/9/0	1		1/1	6/02	12,5	12,565		12,555		12,532 - 39					
31 Hole Size				22 (	Casing & Tubing	Size	35 Depth Se						34 Sacks Cement		
17-1/2"				13-3	<del></del>	406' 4600'						x - Circ xx - Circ			
12-1/4 7-7/8			9-5 5-1			12,565'					x - TOC @ 5960'				
7															
VI. Well	Test D	ata													
M Date New Oil		<sup>™</sup> Gas D		elivery Date		<sup>37</sup> Test Date		16 Test Length		³* Tbg. P	ressure		** Csg. Pressure		
1/16/0	a Oil			1/18/		17 hrs		n/a **AOF		<u>r</u>	1/a ** Test Method	1			
n/a			32		51		Table 1	STM		n/a		I			
<sup>47</sup> I hereby certify that the informati	y that the ru ion given a	ales of bove is	the Oil Conse true and com	ervation Division uplete to the best	have been compi of my knowledge	ied with and and belief.	ll .			NSERVAT	TON D	PIVIS.	ION		
Signature:	hu		1/2	·		-	Approved	DY SINAL	SIGNI	ED BY					
Printed name:  Michael G. Hanagan  Title: PAUL F. KAUTZ  Approprintale OLEUM ENGINEER  Approprintale OLEUM ENGINEER															
Title:		<u> </u>	nalia	Ran			Approve	<del>deBOLE</del>	AM EIA	Witter.		rici	1,15		
					505) 623-	-1996	<del></del>					DD n t 2002			
	_	erator	fill in the OC	GRID number s	and name of the p		erator				11 88 II	ш 200	<i></i>		
	Dande	ns O = -	protos Classe	ure		<del></del>	Poles	ed Name			т	itie	Da	ıte	
Previous Operator Signature Printed Name Title Date															

## New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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.

improperty fined out or incomplete forms may be returned to operators unapproved.								
1.	Operator's name and address	23.	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.  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.).					
2.	Operator's OGRID number. If you do not have one, it will be assigned and filled in by the District office.	23.						
3.	Reason for filing code from the following table:  NW NewWell  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)	24.						
	AG Add gas transporter	25.	MO/DA/YR drilling commenced.					
	RT Request for test allowable (Include volume	<b>2</b> 6.	MO/DA/YR this completion was ready to produce.					
	requested) If for any other reason write that reason in this box.	27.	Total vertical depth of the well.					
4.	The API number of this well.	28.	Plugback vertical depth.					
5.	The name of the pool for this completion.	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole.					
6.	The pool code for this pool.	30.	Write in 'DHC' if this completion is downhold commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram					
7. 8.	The property code for this completion.  The property name (well name) for this completion.							
9.	The well number for this completion.	31.	Outside diameter of the casing and tubing.					
10. T	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.	32.	Depth of casing and tubing. If a casing liner, show top and boftom.					
	Otherwise use the OCD unit letter.	33.	Number of sacks of cement used per casing string.					
11.	The bottom hole location of this completion.	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.						
	Lease code from the following table: F Federal	34.	MM/DD/YY that new oil was first produced.					
	S State P Fee	35.	MM/DD/YY that gas was first produced into a pipeline.					
	J Jicarilla N Navajo	36.	MM/DD/YY that the following test was completed.					
	U Ute Mountain Ute I Other Indian Tribe	37.	Length in hours of the test.					
13.	The producing method code from the following table: Fowing Pumping or other artificial lift	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells					
14.	MM/DD/YY that this completion was first connected to a gas transporter.	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells					
15.	The permit number from the District approved C-129 for	40.	Diameter of the choke used in the test.					
	this completion.	41.	Barrels of oil produced during the test.					
16.	MM/DD/YY of the C-129 approval for this completion.	42.	Barrels of water produced during the test.					
17.	MM/DD/YY of the expiration of C-129 approval for this completion.	43.	MCF of gas produced during the test.					
18.	The gas or oil transporter's OGRID number.	44.	Gas well calculated absolute open flow in MCF/D.					
19.	Name and address of the transporter of the product	<b>45</b> . <b>46</b> .	The method used to test the well: Flowing					
20.	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.		S Swabbing If other method please write it in.					
21.	Product code from the following table:  Q Qil G Gas		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.					
22.	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.)	47.	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.					