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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

Operator Manzano Oil Corporation		505) 623-1996	
Address P.O. Box 571, Roswell, NM 88202			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/> *	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		*Change of Operator effective August 1, 1985	

If change of ownership give name and address of previous owner Elk Oil Company, P.O. Box 310, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Mesa State	Well No. 1	Pool Name, Including Formation North Shoebar-Wolfcamp	Kind of Lease State, Federal or Fee	State	Lease No. B-9970
Location					
Unit Letter J ; 1880 Feet From The East Line and 1930 Feet From The South					
Line of Section 14 Township 16S Range 35E , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Koch Oil Company	P.O. Box 2256, Wichita, Kansas 67220	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Tipperary Petroleum Corp.	P.O. Bo 3179, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14
	Twp. 16S	Rge. 35E
	Is gas actually connected? Yes	
	When 5/4/84	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded 2/21/84	Date Compl. Ready to Prod. 4/1/84		Total Depth 10,600'			P.B.T.D. 10,560'		
Elevations (DF, RKB, RT, GR, etc.) 3973' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,434'			Tubing Depth 10,450'		
Perforations 10,434-442'				Depth Casing Shoe 10,600'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8"	507'	525
11"	8-5/8"	4,400'	1900
7-7/8"	5-1/2"	10,600'	350

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 Tanks 4/1/84	Date of Test 5/10/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure NA/	Choke Size N/A
Actual Prod. During Test 44 bbl.	Oil - Bbls. 44 bbl.	Water - Bbls. -0-	Gas - MCF 88

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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


Jackie Midkiff (Signature) Prod. Clerk
8/1/85 (Date)
(Title)

OIL CONSERVATION COMMISSION

AUG 1 2 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY ROBBIE SLAY
OIL & GAS INSPECTOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.

SECRET

AUG 10 1945

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