NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
, KARO OKI EK	GAS	L	
OPERATOR			
PRORATION OF	FICE		
Operator Manzano Oil	Corn	Ora	tio

	DISTRIBUTION SANTA FE FILE			REQUEST F	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND RIZATION TO TRANSPORT OIL AND NATURAL GA			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	LAND OFFICE TRANSPORTER GAS			AUTHORIZATION TO TRAI	NSPORT OIL AND N	NATURAL G	AS			
1.	OPERATOR PRORATION OFFICE	\dashv	\dashv	_						
••	Operator Manzano Oil Corporation 505/623-1996 Address									
	P.O. Box 571, Roswell, NM 88202									
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas									
	Change in Ownership			Casinghead Gas Condens	sate					
	and address of previous own	.er								
11.	DESCRIPTION OF WELL Legase Name Mesa State	<u>AN</u>	D L	LEASE Well No. Pool Name, Including For North Shoebar-W		Kind of Lease State, Federal	or F•• State	Lease No. K-5954		
	Location M		660	O Feet From The South Line	510		West			
į	Unit Letter M;			Teet From The South Line		_ F••t From T , Lea	he	County		
11		200	DT	ER OF OIL AND NATURAL GAS						
44.	Name of Authorized Transporte	er of	OII	or Condensate	Address (Give address t		ed copy of this form is to) be sent)		
	Navajo Refining C Name of Authorized Transports	omp	Casi	y inghead Gas 💢 or Dry Gas 🗌	Box 159, Artes Address (Give address s		821U ed copy of this form is to	be sent)		
	Tipperary Petrole	um			P.O. Box 3179,					
	If well produces oil or liquids, give location of tanks.		1	Unit Sec. Twp. Rge. M 14 16S 35E	Yes		12/15/84			
	If this production is comming COMPLETION DATA	gled	with	h that from any other lease or pool, g						
	Designate Type of Cor	mple	tion	n = (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Resi	v. Diff. Restv.		
	Date Spudded	-			Total Depth	· 	P.B.T.D.	-		
	8/22/84 Elevations (DF, RKB, RT, GR,	, etc.	j	8/8/84 Name of Producing Formation	10,469 Top Oil/Gas Pay		10,429 Tubing Depth			
	3979 GR	<u> </u>		Wolfcamp	10,332'		10,237			
į.	10,469'									
	HOLE SIZE			TUBING, CASING, AND			CACUS OTHER			
	17"		_	13-3/8"	DEPTH SE 402		SACKS CEMI	ENT		
	11"		\Box	8-5/8"	4,410		2200			
	7-7/8"		\dashv	5-1/2"	10,469	· · · · · · · · · · · · · · · · · · ·	275			
	TEST DATA AND REQUE		FO	able for this dept	th or be for full 24 hours,)	nd must be equal to or ex	seed top allow-		
		est New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
	Length of Test			Tubing Pressure	Casing Pressure		Choke Size			
	ctual Prod. During Test Oil-Bbls. Water-Bbls.		Gas - MCF							
•	GAS WELL									
ſ	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			
√1.	CERTIFICATE OF COMP	PLIA	NC	E	OIL C	ONSERVA	TION COMMISSION			
	hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION AUG 3 0 1985							
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
					TITLE					
	Jackie Midkiff, Production Clerk August 26, 1985 full effective no 1 8/1/65				This form is to be filed in compliance with RULE 1104. MI If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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,					
-										
•		Del	7	well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply						

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 multiply completed wells.

RECEIVED

AUG 29 1985

O.C.D. Hobbs office