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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-111  
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 Operator effective 8/1/85
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/> *	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mesa State	Well No. 2	Pool Name, Including Formation North Shoebar-Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. K-5954
Location Unit Letter M ; 660 Feet From The South Line and 510 Feet From The West				
Line of Section 14 Township 16S Range 35E , NMPM, Lea County				

I. 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 Corporation	P.O. Box 3179, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit M Sec. 14 Twp. 16S Rge. 35E Is gas actually connected? Yes When 12/15/84

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

II. 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 8/22/84	Date Compl. Ready to Prod. 8/8/84	Total Depth 10,469'	P.B.T.D. 10,429'					
Elevations (DF, RKB, RT, GR, etc.) 3979' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,332'	Tubing Depth 10,237'					
Perforations 10,332-352'	Depth Casing Shoe 10,469'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17"	13-3/8"	402'	400					
11"	8-5/8"	4410'	2200					
7-7/8"	5-1/2"	10469'	275					

III. 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)

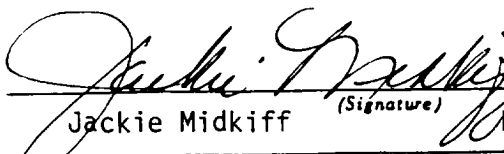
Date First New Oil Run To Tanks 10/3/84	Date of Test 10/8/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 250	Casing Pressure -0-	Choke Size 20/64
Actual Prod. During Test 240	Oil-Bbls. 240	Water-Bbls. -0-	Gas-MCF 240

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

IV. 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.  
August 1, 1985 (Date)

OIL CONSERVATION COMMISSION  
AUG 1 2 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY EDDIE SCAY  
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 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, 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.

100-443886-1000  
AUG - 9 1965