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U.S.G.S.		
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 1-1-85

1. Operator  
Manzano Oil Corporation 505/623-1996

Address  
P.O. Box 2107/Roswell, NM 88202

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

*Cancel well Santa Fe*

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 7 Com	Well No. 2	Pool Name, including Formation <i>West Santa Fe</i> Undes Bone Spring	Kind of Lease State, Federal or Fee Fed NM	Lease No 63026
Location Unit Letter <u>E</u> ; 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>19-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2157/Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 7	Twp. 19S	Rge. 33E	Is gas actually connected? Yes	When 4/8/87

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 2/27/87 (reentered)	Date Compl. Ready to Prod. Recompleted 11/10/87	Total Depth 13,800'	P.B.T.D. 9300' CIBP
Elevations (DF, RKB, RT, GR, etc.) 3659.4' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8849'	Tubing Depth 9176'
Perforations producing perforations 8849-8910' (see file for other perfs)			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	509.5'	335 sks + 150 sks
12 1/4"	8-5/8"	5,104'	1800 sks + 500 sks
7-7/8"	5-1/2"	5,210-13,800' existing	225 sks
7-7/8"	5-1/2"	5,211.15' new	175 sks

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 Tanks 11/10/87 from BS	Date of Test 11/10/87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 35	Water-Bbls. 100 (still rec- overing load water)	Gas-MCF 40

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

I. 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.

  
(Signature)

Jackie Midkiff/Landwoman

(Title)

1/12/88

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 15 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 multiple wells.