

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

I. Operator
Manzano Oil Corporation 505/623-1996

Address
P.O. Drawer 2107, Roswell, NM 88202

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Reentry <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 7 Com	Well No. 2	Pool Name, including Formation West Tonto Wolfcamp	Kind of Lease State, Federal or Fee Fed NM-63026	Lease No
Location Unit Letter <u>E</u> ; <u>1980</u> 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>19S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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)					
Navajo Refining Company <input checked="" type="checkbox"/>	P.O. Drawer 159/Artesia, NM 88210					
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)					
Conoco, Inc.	P.O. Box 2157/Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>7</u>	Twp. <u>19S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u>	When <u>4/8/87</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
<u>XX Reentry</u>								
Date Spudded <u>reentered</u> <u>2/27/87</u>	Date Compl. Ready to Prod. <u>4/7/87</u>	Total Depth <u>13,800'</u>	P.B.T.D. <u>11,080'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3659.4' GR</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>10,873'</u>	Tubing Depth <u>10,978'</u>					
Perforations <u>Wolfcamp 10,873'-10,879', 10,892-10,917, 10,930-10,934' & 10,937-10,940'</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13-3/8"</u>	<u>509.5'</u>	<u>335 sacks + 150 sacks</u>
<u>12 1/4"</u>	<u>8-5/8"</u>	<u>5,104'</u>	<u>1800 sacks + 500 sacks</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>5,210'-13,800' existing</u>	<u>225 sacks</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>5211.15' new</u>	<u>175 sacks</u>

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 <u>3/25/87</u>	Date of Test <u>4/7/87</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>N/A</u>	Choke Size <u>N/A</u>
Actual Prod. During Test	Oil-Bbls. <u>90</u>	Water-Bbls. <u>20</u>	Gas-MCF <u>73</u>

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/Production Clerk
(Title)
4/9/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 15 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 multiple completed wells.

RECEIVED

APR 13 1987

OCD
HOBBS OFFICE