Submit 5 Cories
Appropriate District Office
DISTRICT! P.C. Box 1980, Hoobs, NM 88240 DISTRICT II
P.O. Drawer DD, Ancels, NM 88210

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Kenned 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

I.	REQU					AUTHOR					
Operator Oil Connection							Well	I API No.			
Manzano Oil Corpor			623-19			····		0-025-2774	U		
P.O. Box 2107/Ros Ressocial for Filing (Check proper bas)		1 8820	2-2107		a	bet (Please exp	زمندا	. —			
New Well Recompletion	Οŭ	Change is ?	T <del>ransporter</del> Dry Gus	ref:	£	how qu	as co	nnection	n da	te	
Change in Operator		: Cu. 🔀		. 🗖							
It comise of obsessor dive some											
IL DESCRIPTION OF WELL									_		
McKamey Federal		Well No. Pool Name, Including Formation Kind of I  1-Y East Lusk Bone Spring XXXX, Feb.						of Lease Festeral M/XFXeX	NM-14	444 Ni	
Losusa Unit Lener	: 2450					660	) · F	ect From The _W	lest	Lite	
Section 25 Towns	ip 195		Range	32E		мрм,	Lea			Ссыну	
III. DESIGNATION OF TRAI	NSPORTER	R OF OIL	LANDI	VATTU	RAL GAS						
Name of Authorized Transporter of Oil	ر می	or Consens		)	Address (Gi			copy of this form		intj	
Navajo Refining Compa			or Dry Gas		P.O. Drawer 159. Artesia. NM 88210 Address (Give actures so which approved copy of this form is to be sen						
Conoco, Inc.	Conoco, Inc.				P.O. E		~, 				
If well produces oil or liquids,	Unit   :		195 I	عوا 32E	Yes	y consected?	When	8/1/89			
If this production is committeed with that IV. COMPLETION DATA	from any other							0/1/03			
Designate Type of Completion	- (X)	Oil Well	Gus	Well	New Well	Workover	Despea	Plug Back   Sa	me Kee'v	Call Kes's	
Des Spesial	Date Compl. Reedy to Prod.				Total Depth	<u> </u>	. <b>!</b>	P.B.T.D.			
Levauous (DF, RKB, RT, GR, sec.) Name of Producing Formation					Top Oil Cas	Pay		Tubing Depth			
Perforance	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>			Depar Camer S	rioe		
TUBING, CASING AND					CEMENTI		Д	\			
HOLE SIZE	CASING & TUBING SIZE				····	DEPTH SET		SAC	SACKS CEMENT		
**************************************	-	· · · · · · · · · · · · · · · · · · ·	<del> </del>						<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Tail must be after t			<del>-</del>		h anul in an	exceed too allo	نده ما ما ما م	denik ne he fne l	6.11.2d a ~ a	. 1	
Due First New Oil Rus To Task	Date of Test	· · · · · · · · · · · · · · · · · · ·	<u> </u>			abod (Flow, p				.,	
Leagth of Test	Tubing Press	Tubing Pressure			Casing Press			Chiese Size			
Actual Prod. During Test	Oil - Bols.	Oil - Bbls.			Water - Bole	<del> </del>		Car-MCF			
GAS WELL	<u></u>					<del></del>					
ATAL PROL TAL - MCF/D	Leagh of Te	Leagh of Test			Bbls. Couden	ute/NOHCF		Cavity of Com	Gavity of Contrame		
		Tubias Presents (Shus-in)			<del></del>						
ming Method (pitot, back pr.)	Inores Prese	na (2014-18)	J		Casing Pressu	14 (2014-14)		Chicke Size			
L OPERATOR CERTIFIC				}	(	NI CON	SERVA	יום מסודג	VISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION  NOV 1 4 1989						
in the rot complete to the period that it	bas sybolwon	belief.			Date	Approved	d	Gioned b	1 4	<i>198</i> 9	
allow Koly				_	Ву		0	rig. Signed b Paul Kautz Geologist		-	
Production Clerk				_				Geometra			
Final Alame 11/10/89	505 <i>/</i> 6	TH 199-199			Title_	·			<del></del>		
Date		Telepho		_		,					

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anceia, NM 88210

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

IOOU RIO Brazos Rd., Aziec, NM	REQUEST FOR ALL TO TRANSPO	LOWA	ABLE AND	AUTHO	PIZATIO	N			
Operator		/n i O	IL AND N	ATURAL	AS L	eli API No.		······································	
Manzano Oil Cor	996				30-025-27740				
P.O. Box 2107/1	Roswell, NM 88202-210	17							
Reason(s) for Filing (Check proper	bas)			ther (Piease ex	nlain)				
New Well	Change in Transport	er of:		and it some er	annre	val to flare c	asinghe	ad gas tro	
Recompletion X	Oil Dry Gas				4	ell must be o	maineo	I ILOHU IIIG	
Change in Operator	Casinghead Gas Condense	ute 🔲			BUREA	O OF TAMP MY	MACENIE	an annual control	
If change of operator give name and address of previous operator	THIS WELL HAS BEEN PLACE DESIGNATED BELOW. IF YOU	DO NO	HE POOL				,		
II. DESCRIPTION OF W	HOTHY THIS OFFICE			, ,				<del></del>	
Lease Name	Well No. Pool Nam	- A	-9038	12/1/8	9				
McKamey Federal	1-Y Eas	t Lus	k (Morro	East In	Par St	nd of Lease 15%, Federal gryFyex		Lease No.	
Location			(,,,,,,	M Done	operen 1	XXXX	14141-	14790	
Unit LetterL	: 2450 Feet From	The _	South Lie	se and	560	Feet From The _	West	Line	
Section 25 To	waship 19S Range	32E	N	мрм,		Lea		County	
III. DESIGNATION OF T	RANSPORTER OF OIL AND	<b>1</b> 1 4 6000 1	<b>D. I. C.</b> C.						
Name of Authorized Transporter of	I DI	NA TU	Address (C:	a address s	ulial -		<del></del>		
Navajo Refining Co	ompany		P.O. Drawer 159, Artesia, NM 88210						
Name of Authorized Transporter of	Casinghead Gas		Address (Giv	address to w	hick come	ed copy of this for	88210	<del></del>	
Unknown			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		лися арргоч	ea copy of this jorn	M 13 10 be s	en)	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.     L   25   1981	Rge. 32E	ls gas actuall	y connected? No	Wb			<del></del>	
If this production is commingled with IV. COMPLETION DATA	that from any other lease or pool, give or	omming	ing order numi	ber:		Unknown	<del> </del>		
	Oil Well Gee	N/. 11	)	· · · · · · · · · · · · · · · · · · ·	,				
Designate Type of Complete	$pion - (X) \qquad \qquad j \qquad \qquad j$	Well	New Well	Warkover X	Deepen	Plug Back  S.	ame Res'v	Diff Resiv	
5/19/89	Date Compl. Reedy to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	6/12/89 Name of Producing Formation		13,	850'		10,975'			
3587 GR	2nd Bone Spring Sa	and		929'		Tubing Depth 9.941			
9680'-to 9929						Depth Casing S		<del></del>	
	TUBING, CASING	AND (	CEMENTIN	IG RECOR	<u> </u>	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	<u> </u>	SAC	SACKS CEMENT		
							INS CEM	2N1	
V. TEST DATA AND REQU	JEST FOR ALLOWABLE			<del></del>					
OIL WELL (Test must be aft	er recovery of total volume of load oil an	d must b	e equal to or a	aceed too allo	mable for th	is death as he for f		1	
	Date of 16st	1	Producing Med	nod (Flow, pun	rp, gas lift,	uc.)	III IT ROW.	1.)	
6/12/89 Length of Test	6/12/89		Pun			•			
<del>-</del>	Tubing Pressure		Casing Pressure			Choke Size			
24 hrs. Actual Prod. During Test	N/A		N/A			N/A			
-0-	Oil - Bhis. 150	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Water - Bbls.			Gas- MCF			
GAS WELL			80			150			
Actual Prod. Test - MCF/D	Length of Test								
	rengin or left	Į.B	Bbls. Coadensate/MMCF			Gravity of Coodensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	C	asing Pressure	(Shut-in)		Choke Size			
I hereby certify that the rules and rec	CATE OF COMPLIANCE		01	L CONS	SERVA	TION DIV	/ISIO1		
Division have been complied with as its true and complete to the best of m	nt that the tatormation gives above y knowledge and belief.		Date A	pproved		<b>AUG 1 4</b>	1989		
Alleron Milion	ins)			•					
Signature 00 Allison Wiggins		-	Ву			D BY JERRY SI	EXTON		
Printed Name	Land/Drilling Secreta	ry			1151 KICT	SUPERVISOR			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

6/12/89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

Bow , Th Q-14-44

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

505/623-1996

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Title

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCD HOBBS OFFICE