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 Revused 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Ariec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 8	17410 PEOUEST									
I.	TOT	FOR ALLOY RANSPORT	WABLE AND NA	AUTHOR	IZATION	ł				
1. TO TRANSPORT OIL AND NAT					WAII API NO.					
Manzano Oil Cor	6									
P.O. Box 2107/F	Roswell, NM 88	3202-2107								
Reason(s) for Filing (Check proper	box)	1202~2107	Oth	er (Please exp	daint					
New Well		ia Transporter of		- 1 						
Recompletion Change in Operator *	Oil L	Dry Gas	<u> </u>							
If change of operator give name	Casinghead Gas [Condensus		ective 2						
and expirers of bischorn obstatos. "	C. W. Stumbo	ffer, Ste.	1007 Ridgl	ea Banl	Bldg.	,Ft Worth	, TX 76	116		
II. DESCRIPTION OF WI										
Walker Federal	Well N	Well No. Pool Name, lactu						Lease No. NM-1101152		
Location		(Associat				Federal or Fee NM-40452				
Unit LetterD	: 330		North Line	and 3	330 g		West	• .		
Section 26 To	wnship 18S		. =			ect riom the	mest_	Line		
3441011 20 10	waship 18S	Range 32	₽E, NM	IPM,	Lea			County		
III. DESIGNATION OF T	RANSPORTER OF COM	OIL AND NA	TURAL GAS							
Name of Authorized Transporter of O Navajo Refining O	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of (P.O.	P.O. Drawer 159/Artesia, NM 88211-0159 Address (Give address to which approved copy of this form is to be sent)								
Phillips Petroleum		or Dry Gus [Address (Give	editeu le vi	uch approved	l copy of this form 340 Odes	n is so be sens	<i>i</i>)		
If well produces oil or liquids,	Unu Sec.	Twp. R	ge. Is gas actually	connected?	When		sa, IX	79760		
	<u>ID 126</u>	1185 1 3	2F Vac			2/18/	83			
If this production is commingled with IV. COMPLETION DATA	that from any other lease o	r pool, give comen	ingling order numbe	r						
	Oil We	II Gas Well	New Well	Workover	Deepen	Bu a Bush Is				
Designate Type of Complete		i	i i	·· GLOTE!	Dechen	Plug Back Sa	me Kes'v	Diff Res'v		
Jan Spanne	Date Compl. Ready I	io Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pa	Top Oil/Gas Pay			Tuhina Death			
erforations							Tubing Depth			
						Depth Casing S	hoe			
	TUBING	CASING AN	D CEMENTING	RECOR						
HOLE SIZE CASING & TUBING SIZE			D	DEPTH SET			SACKS CEMENT			
										
Trom D. M Am male										
. TEST DATA AND REQUIL WELL (Test must be aft	EST FOR ALLOW	ABLE								
tale First New Oil Run To Tank	er recovery of total volume Dute of Test	of load oil and me	Producing Metho	teed top allow	able for this	depth or be for fi	dl 24 kows.)			
			Trouble (Vieta	n (riow, per	φ, gar ifi' si	c.)				
eough of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
ctual Prod. During Test	l Prod. During Test Oil - Bbls.		W 711	Water - Bbla.						
•			Marci - Porr				Gas- MCF			
GAS WELL										
ctual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensale	MMCF		Gravity of Cont	n o le	 -		
				Connectable/WINICP			Gravity of Condensate			
sting Method (pilot, buck pr.)	Tubing Pressure (Shut-in)		Chaing Pressure (Casing Pressure (Sinu-in)			Choke Size			
I OPEDATOR CERTIFICATION	(C. 775.05.55.									
L OPERATOR CERTIFI	CALE OF COMP	LIANCE		CONS	SERVA	TION DIV	/ © <u></u>			
Division have been complied with at	nd that the information give	a above		LOONS	LIVA					
is true and complete to the best of m	y knowledge and belief.		Date Ar	proved		JAN 3	1 1202			
Vi. Ke										
Signature	Ву	By ORIGINAL SIGNED BY JERRY SEXTON								
Production Clerk			PIST	NCT T SUPERV	/ISOR					
1/27/89	505/623-19	Title 196	Title							
Date		hons No.								

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_k11.
- 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 mame or number transporter or other such abandan