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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-110  
Effective 1-1-65

Operator Manzano Oil Corporation		
Address P.O. Box 571, Roswell, NM 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Edith Federal	Well No. 1	Pool Name, including Formation <del>Under</del> EK Bone Springs	Kind of Lease Federal	Lease No. 0245247
Location Unit Letter N ; 660 Feet From The South Line and 2130 Feet From The West Line of Section 25 Township 18 South Range 33 East , NMPM, Lea County				

II. 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 Co.	Address (Give address to which approved copy of this form is to be sent) Artesia, NM	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Maljamar, NM	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes October 23, 1984

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded August 29, 1984	Date Compl. Ready to Prod. October 12, 1984	Total Depth 10530'		P.B.T.D. 10490'				
Elevations (DF, RKB, RT, GR, etc.) 3864.4'	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9428'		Tubing Depth 9351'				
Perforations 9428' - 84' 23 Net feet 46 Shots		Depth Casing Shoe 10530'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	362'		400				
12 1/2"	8 5/8"	3665'		1800				
7 7/8"	5 1/2"	10530'		650				
	2 7/8"	9351'						

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 October 10, 1984	Date of Test October 16, 1984	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16 hours	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 24/64
Actual Prod. During Test 295 BO	Oil - Bbls. 442.5	Water - Bbls. 0	Gas - MCF 310

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

VI. 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.

OIL CONSERVATION COMMISSION	
APPROVED OCT 25 1984	
BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 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.

Thomas W. Hicks  
(Signature)

Vice-President  
(Title)

10-23-84  
(Date)