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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-11
Effective 1-1-65

I. Operator
Manzano Oil Corporation 505/623-1996

Address
P.O. Box 571, 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)

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 Edith Federal	Well No. 3	Pool Name, including Formation Under E K Bone Springs	Kind of Lease State, Federal or Fee Federal NM	Lease No. 0245247
Location Unit Letter <u>E</u> ; <u>2130'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>18-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 2197, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>25</u>	Twp. <u>18-S</u>	Rge. <u>33-E</u>	Is gas actually connected? <u>Yes</u>	When <u>10/22/85</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>8/18/85</u>	Date Compl. Ready to Prod. <u>10/22/85</u>		Total Depth <u>10,500'</u>		P.B.T.D. <u>10,300'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3855.4' GL</u>	Name of Producing Formation <u>Bone Springs Sand</u>		Top Oil/Gas Pay <u>9612'</u>		Tubing Depth <u>9830'</u>			
Perforations <u>10,370-76, 10,446-50, 9766-76, 9780-94, 9706-16, 9612-26</u>					Depth Casing Shoe <u>10,500'</u>			
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>353'</u>		<u>350/circ 130</u>			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>3,700'</u>		<u>1600/circ 125</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>10,500'</u>		<u>780</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>10/19/85</u>	Date of Test <u>10/22/85</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>100</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>100</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

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.


(Signature)
Jackie Midkiff/Prod. Clerk.
(Title)

10/22/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 25 1985, 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 multiply completed wells.

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OCT 24 1985

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