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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-  
Effective 1-1-85

I.

Operator Manzano Oil Corporation 505/623-1996	
Address P.O. Box 2107/Roswell, NM 88202-2107	
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 CONCORD NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sun Federal Com	Well No. 1	Pool Name, including Formation Wildcat-Morrow	Kind of Lease State, Federal or Fee	Lease No. 57534
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1861, Midland, TX 79702-9970					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 11248, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Tw. 18S	Rge. 33E	Is gas actually connected? Yes	When 9-16-88 9-24-88

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3/15/88	Date Compl. Ready to Prod. 6/4/88	Total Depth 13,515'	P.B.T.D. 13,435'					
Elevations (DF, RKB, RT, GR, etc.) 3825.4' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,204'	Tubing Depth 13,102'					
Perforations 13,204'-13,272' Morrow producing - Also perfed 13,462-13,471'			Depth Casing Shoe 13,515'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	492'	500					
12-1/4"	8-5/8"	5400'	1700 + 1" w/678					
7-7/8"	5-1/2"	13,515'	1400					

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)

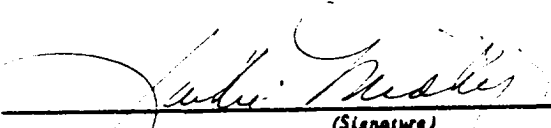
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 844	Length of Test 11 hrs	Bbls. Condensate/MCF 26.67	Gravity of Condensate 52.0
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 2798	Casing Pressure (shut-in)	Choke Size 13/64"

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/Landwoman  
(Title)  
9/8/88  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 29 1988, 19  
BY ORIGINAL SIGNED BY JERRY CEXTON  
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.