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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation 505/623-1996		Well API No. 30-025-22984
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/26/90 UNLESS AN EXCEPTION TO 8-4437 IS OBTAINED.		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Re-Entry <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bush State	Well No. 1	Pool Name, including Formation Scharb Bone Spring	Kind of Lease State, Federal or Fee	Lease No. VB-0220
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>19 South</u> Range <u>34 East</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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 12	Twp. 19S	Rge. 34E	Is gas actually connected? No	When? Soon
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	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02-06-90	Date Compl. Ready to Prod. 03-09-90		Total Depth 10,195		P.B.T.D. 9800			
Elevations (DF, RKB, RT, CR, etc.) GL 3945	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9578		Tubing Depth 9586			
Perforations 9578-9665'					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	406	360 SX
11"	8-5/8"	3,999	500 SX
7-7/8"	5-1/2"	10,289	150 SX

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 Tank 03-26-90	Date of Test 03-26-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 20	Casing Pressure 20	Choke Size Pump Tee
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 12	Gas - MCF 102

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MVCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sher Williams
Signature
Production Clerk
Printed Name
Sher Williams 505/623-1996
Date
Telephone No.

OIL CONSERVATION DIVISION
APR 3 1990

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.

REC-150

APR 2 1990

COB
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