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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 1-1-65

I.

Operator Manzano Oil Corporation		505/623-1996
Address P.O. Box 571, Roswell, NM 88202		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/> (Reentry)	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		Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "31-G"	Well No. 1	Pool Name, Including Formation Wildcat - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. Federal NM 67110
Location Unit Letter <u>H</u> ; <u>1980'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>19S</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 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"/>	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 H	Sec. 31	Twp. 19S	Rge. 33E	Is gas actually connected? No	When Unknown

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 <input checked="" type="checkbox"/> (Reentry)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded Originally 12/26/80	Date Compl. Ready to Prod. 3/15/87	Total Depth 13,653'		P.B.T.D. 11,564'					
Elevations (DF, RKB, RT, GR, etc.) 3576' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 10,500'		Tubing Depth N/A				
Perforations Producing Perfs: 10,500' -540' Bone Spring					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		1,350'		1100 CI C				
12-1/4"	9-5/8"		5,250'		2600 sxw/DV tool @3267				
7-7/8"	5-1/2"		13,653' (Pulled 4489')		1760 sx w/DV tool 10653				
7-7/8"	5-1/2"		replaced 4,508'		125 sx CI C				

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)

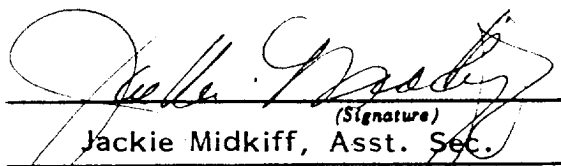
Date First New Oil Run To Tanks 1/26/87	Date of Test 3/13/87	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 320#	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 0	Gas - MCF 12

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, Asst. Sec.
(Title)
3/16/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 19 1987, 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.