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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
Operator: Manzano Oil Corporation 505/623-1996
Address: P.O. Box 2107, Roswell, NM 88202-2107

Reason(s) for filing (Check proper box):
 New Well Reentry Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

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 <u>Xion Federal</u>	Well No. <u>1</u>	Pool Name Including Formation <u>North Yelling</u>	Kind of Lease <u>R-8567</u>	Lease No. <u>67986</u>
Location Unit Letter <u>A</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u>			State, Federal or Fee <u>Fed NM</u>	
Line of Section <u>18</u>	Township <u>18S</u>	Range <u>32E</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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159/Artesia, NM 88211</u>
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 <u>A</u> Sec. <u>18</u> Twp. <u>18S</u> Rge. <u>32E</u>	Is gas actually connected? <u>No</u> When <u>Unknown</u>

IV. COMPLETION DATA

Designate Type of Completion - (X) <u>reentered 1/18/88</u>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input 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>reentered 1/18/88</u>	Date Compl. Ready to Prod. <u>3/25/88</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3751.4'</u>	Name of Producing Formation <u>Bone Spring</u>
Perforations <u>7975-8074 & 8390-8400</u>	Total Depth <u>8763'</u>
	Top Oil/Gas Pay <u>7975'</u>
	Tubing Depth <u>8437'</u>
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>11-3/4"</u>	<u>700'</u>	<u>520 "C" circulated</u>
<u>10-5/8"</u>	<u>8-5/8"</u>	<u>2424'</u>	<u>1850 "C" "</u>
<u>7-3/4"</u>	<u>5-1/2"</u>	<u>5971'</u>	<u>1330 "C" "</u>
<u>7-3/4" & 5-1/2"</u>	<u>4-1/2"</u>	<u>8570'</u>	<u>600 POZ</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>to be 3/25/88</u>	Date of Test <u>3/25/88</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing-Pressure
Actual Prod. During Test	Oil - Bbls. <u>20</u>	Water - Bbls. <u>10</u>
		Choke Size <u>40</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Jackie Midkiff/Landwoman
(Signature)
3/28/88
(Date)

OIL CONSERVATION COMMISSION
MAR 30 1988

APPROVED _____, 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 deviated 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.

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