



MC INTOSH	LEASE NAME	WELL NO.	TEST NO.	TESTED INTERVAL	LEASE OWNER/COMPANY NAME
		1	1	9410. ' - 9610. ' 8.50	MANZANG OIL CORPORATION

EQUIPMENT & HOLE DATA		TICKET NUMBER: 79455100	
FORMATION TESTED: _____		DATE: 05-29-84 TEST NO: 1	
BONE SPRINGS			
GROSS TESTED FOOTAGE: _____		TYPE DST: _____ OPEN HOLE _____	
200.0			
ALL DEPTH MEASURED FROM: _____		HALLIBURTON CAMP: _____	
KELLY BUSHING _____		HOBBS _____	
HOLE OR CASING SIZE (in): _____		TESTER: _____	
7.875		G. HAYES	
ELEVATION (ft): _____		S. LUSCOMBE _____	
3762			
TOTAL DEPTH (ft): _____			
9610.0			
PACKER DEPTH(S) (ft): _____		WITNESS: _____	
9403, 9410		CARROL BELLAH _____	
FINAL SURFACE CHOKER (in): _____		DRILLING CONTRACTOR: _____	
0.750		W.F.K. DRILLING COMPANY #2	
BOTTOM HOLE CHOKER (in): _____			
6.60			
MUD WEIGHT (lb/gal): _____			
36			
MUD VISCOSITY (sec): _____			
_____			
ESTIMATED HOLE TEMP. (°F): _____			
138 @ 9606.0 _____ ft			
ACTUAL HOLE TEMP. (°F): _____			
FLUID PROPERTIES FOR RECOVERED MUD & WATER		SAMPLER DATA	
SOURCE _____		PSIG AT SURFACE: _____ 10	
RESISTIVITY _____		CU.FT. OF GAS: _____ 0.00	
CHLORIDES _____		CC OF OIL: _____ 0	
SAMPLER _____		CC OF WATER: _____ 0	
TOP OF TOOL _____		CC OF MUD: _____ 2350	
TOP OF FLUID _____		TOTAL LIQUID CC: _____ 2350	
PIT _____			
_____ @ _____ °F _____ ppm			
HYDROCARBON PROPERTIES		CUSHION DATA	
OIL GRAVITY (°API): _____		TYPE _____	
GAS GRAVITY: _____		AMOUNT _____	
GAS/OIL RATIO (cu.ft. per bbl): _____ @ _____ °F		WEIGHT _____	
RECOVERED: _____		MEASURED FROM TESTER VALVE	
90 FEET OF DRILLING MUD			
REMARKS: _____			

[illegible]

	0.0.	1.0.	LENGTH	DEPTH
1 DRILL PIPE.....	4.500	3.926	8892.0	
3 DRILL COLLARS.....	6.250	2.750	445.0	
3 IMPACT REVERSING SUB.....	6.000	2.750	1.0	9277.0
3 DRILL COLLARS.....	6.250	2.250	93.0	
5 CROSSOVER.....	5.375	2.000	1.0	
60 HYDROSPRING TESTER.....	5.000	0.870	5.0	9372.0
13 DUAL CIP SAMPLER.....	5.000	0.750	4.0	
14 EXTENSION JOINT.....	5.000	0.870	10.0	
80 RP RUNNING CASE.....	5.000	3.060	4.0	9394.0
15 JHR.....	5.000	1.750	5.0	
35 RTTS SAFETY JOINT.....	5.000	1.000	3.0	
70 OPEN HOLE PACKER.....	7.000	1.530	5.0	9403.0
18 DISTRIBUTOR VALVE.....	5.000	1.660	2.0	
70 OPEN HOLE PACKER.....	7.000	1.530	5.0	9410.0
19 ANCHOR PIPE SAFETY JOINT.....	5.750	2.500	4.0	
5 CROSSOVER.....	5.875	3.000	1.0	
3 DRILL COLLARS.....	6.250	2.250	150.0	
3 CROSSOVER.....	5.750	2.500	1.0	
5 FLUSH JOINT ANCHOR.....	5.750	2.500	37.0	
81 BLANKED-OFF RUNNING CASE.....	5.750		4.0	9467.0
TOTAL DEPTH				9610.0

EQUIPMENT DATA

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-111  
Effective 1-1-65

NO. OF COPIES RECEIVED		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Manzano Oil Corporation		
Address P.O. Box 571, Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER <u>10/1/84</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <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 CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name McIntosh	Well No. 1	Pool Name, including Formation Southeast Sharb Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M : 801 Feet From The South Line and 519 Feet From The West Line of Section 15 Township 19 South Range 35 East , NMPM, Lea 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 Co.	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
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 M	Sec. 15	Twp. 19S	Rge. 35E	Is gas actually connected? No	When

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"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-30-84	Date Compl. Ready to Prod. 7-24-84	Total Depth 10,950'		P.B.T.D. 10,906'					
Elevations (DF, RKB, RT, GR, etc.) 3761.6 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,652		Tubing Depth 10,854'					
Perforations 10,854' - 10,861'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		350'		350 circ.				
11"	8 5/8"		3600'		1600				
7 7/8"	5 1/2"		10950'		600				
	2 3/8"		10854'						

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 June 17, 1984	Date of Test July 26, 1984	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 52 BF	Oil-Bbls. 42	Water-Bbls. 10 Load Water	Gas-MCF 49.1

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.

Charter W. Hicks  
(Signature)  
Vice-President  
(Title)  
August 10, 1984  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 15 1984, 19  
BY ORIGINAL SIGNATURE  
TITLE DEPUTY COMMISSIONER

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 deviator 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.

RECEIVED

AUG 14 1984

S. D.  
SOLICITORS