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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OF | ICE | | |
| Operator | | | |
| Manzano O | il Cor | por | at |
| Address | | | |
| Roswell, N | M 88 | 202 | -2 |
| Reason(s) for filing | Check p | roper | box |

| | SANTA FE | | T FOR ALLOWABLE | Form C+104 Supersedes Old C+104 and C- | | |
|-----|--|--|---|---|--|--|
| | FILE | | AND | Effective 1-1-65 | | |
| | LAND OFFICE | AUTHORIZATION TO TR | RANSPORT OIL AND NATURAL | L GAS | | |
| | TRANSPORTER OIL | | | | | |
| | GAS OPERATOR | | | | | |
| 1. | PRORATION OFFICE | | | | | |
| | Operator | | · · · · · · · · · · · · · · · · · · · | | | |
| | Manzano Oil Corpora | tion 505/623-1996 | | | | |
| | Roswell, NM 88202- | 2107 | | | | |
| | Reason(s) for filing (Check proper b | ox) | Other (Please explain) | | | |
| | New Well X Reent | X Reentry Change in Transporter of: Oil | | | | |
| | Change in Ownership | | FLANGUS 35 - 1 | 5-11-88 EXCEPTION TO R-1970 | | |
| | If change of ownership give name | | IS OBTAINED | | | |
| | and address of previous owner | | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE | | | | |
| | Lease Name | Well No. Pool Name, Including | | Lucia 110 | | |
| | Richardson | 1 Scharb Bone | Spring 6/1/88 State, Fed | eral or Fee N/A | | |
| | Unit Letter C ; 52 | 101 Feet From The North Li | ine and 21201 Feet From | m The West | | |
| | | | | | | |
| | Line of Section 20 T | ownship 195 Range | 35E , NMPM, | Lea County | | |
| ш. | DESIGNATION OF TRANSPOR | RTER OF OIL AND NATURAL G | AS | | | |
| 1 | Name of Authorized Transporter of O | or Condensate | Address (Give address to which app | roved copy of this form is to be sent) | | |
| | Navajo Refining Com | • • | P.O. Drawer 159/Arte | roved copy of this form is to be sent) | | |
| | • | , | indicate for addition to anich app | oved copy of this form is to be senty | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | | When | | |
| | give location of tanks. | C 20 19S 35E | No ! | Unknown / | | |
| | If this production is commingled w COMPLETION DATA | rith that from any other lease or pool, | give commingling order number: | | | |
| | Designate Type of Complet | ion - (X) Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Rest | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | reentered 12/14/87 | 3/10/88 | 10,000' | 9912' | | |
| | Elevations (DF, RKB, RT, GR, etc.) | | Top Oll/Gas Pay | Tubing Depth | | |
| | 3824 GR | Bone Spring | 9671' | 9669 ¹ Depth Casing Shoe | | |
| | 9671-9721' First Bone Spring Sand | | | | | |
| | | | D CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | 450 ¹ | SACKS CEMENT 400-circulated | | |
| | 14-3/4" 12-1/4" | 8-5/8" | 4,192' | 300-circulated | | |
| | 7-7/8" | 4-1/2" | 9,993' | 275 | | |
| | | <u> </u> | | | | |
| | EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. II. WELL | | | | | |
| İ | Date First New Oil Run To Tanks | Date of Teet | Producing Method (Flow, pump, gas | lifi, etc.) | | |
| } | 3/11/88 Length of Test | 3/10/88 Tubing Pressure | Pump Casing Pressure | Choke Size | | |
| | 24 hrs | | | 0.022 | | |
| | Actual Prod. During Test | Oil-Bbis. | Water-Bbis. | Gas-MCF | | |
| Į | | 5 | 40 | TSTM | | |
| | GAS WELL | | | | | |
| ſ | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Towns Market Color hash as I | Tubias Bassacian (Bassacian) | Casing Pressure (Shut-in) | Choke Size | | |
| 1 | Testing Method (pitos, back pr.) | Tubing Pressure (Shut-in) | Costud biesema (susc-im) | Choke Size | | |
| VI. | CERTIFICATE OF COMPLIAN | ICE | OIL CONSERV | ATION COMMISSION | | |
| | | | MAD. | 1 7 1000 | | |
| | 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. | | BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | | | |
| | | | | | | |
| | | | TITLE DISTRICT 1 | SUPPORVISOR | | |
| | | | This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation | | | |
| _ | | | | | | |
| _ | i | nature) | tests taken on the well in acco | ordance with RULE 111. | | |
| - | Jackje Midkiff Kandwoman (Title) | | All sections of this form must be filled out completely for allow able on new and recompleted wells. | | | |
| | 3/15/88 | | Fill out only Sections I. | II. III. and VI for changes of owner | | |
| • | (D | ate) | | rter, or other such change of condition at be filed for each pool in multiply | | |
| | | | completed wells. | | | |