NO. OF COPIES REC	EIVED	<u> </u>	_			
	DISTRIBUTION					
SANTA FE	1	\vdash				
FILE						
U.S.G.S.	1	Т				
LAND OFFICE	1	-				
TRANSPORTER	OIL		_			
	GAS					
OPERATOR						
PRORATION OF		_				

	SANTA FE FILE U.S.G.S.		\exists	NEW MEXICO OIL REQUES				ATION COM		Form C-104				
			_					LOWABLE		Supersedes Old C-104 and C Effective 1-1-65				
	LAND OFFICE	^	AND AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
		OIL								MATOKAL	GAS			
	TRANSPORTER	GAS	-											
	OPERATOR			_										
1.	PRORATION OFF	ICE	-	-										
••	Operator Manzano Oil	Corpo	ratio	on 5	505/62	23-1996	·- ·-			-				
	Address P.O. Box 571	, Ros	well		88202									
	Reason(s) for filing (x)				- 	Other (Pleas	e explain)				
	Recompletion	H				Transporter o				د جر ہو او اسا	ومي الحروان	rd gas fenar		
	Change in Ownership		रधाल ग		#inghead			nsate 🔲	. struit	i ust be o Bust be o Biopagers	Bar Jack	ะ อ่าก เกีย		
	If change of ownersh and address of previ	nip give	nieme Moi i i	VELL HAS VATED BE THIS OF	BEEN LOW. IF	PLACED IN	THE PO	OL:	· · · · · · · · · ·			**···		
	DESCRIPTION OF			LEASE		ool Name, In	y•	<u> </u>	- D. O					
ļ	Sunburst Shop	grin 1	Feder	al 1		U ndes i gi			/i	Kind of Leas State, Feder		Federal	Lease No NM-57285	
		;	18	360 _{F•}	●t From '	The Sol	uth ,,]	980	_		East	1	
ļ	Line of Section				19-S		ange 34		, NMPM	Feet From Lea	The			
III.	DESIGNATION OF	TRAN	SPOR	TER OF	OII A				, MMPM	,			County	
[Nume of Authorized 1	ransport	or of Oi		of Cond	densate	MAL GA	Address (Give address i	to which appro	ved come o	f this form is to		
į	Conoco, Inc.							P.0.	Box 2587	. Hobbs.	NM 88	7 inis jorm is to 1240	oe sent)	
	Name of Authorized Tr	ransporte	r of Ca	singhead (α s 🗌	or Dry Gas	• 🗆	Address (Give address i	o which appro	ved copy o	this form is to	be sent)	
	If well produces oil or give location of tanks.	liquide,		Unit	Sec.	Twp.	P.ge.		ually connecte	ed? Wh	en .	-		
L			rled wi	th that for	! 22		34-E				Unknow	<u>'n</u>		
IV.	f this production is a COMPLETION DA	TA	tied wi	in that ire				give comm	ingling order	number:				
	Designate Type	of Cor	npletio	on – (X)	X	Well Ga	s Well	New Well	Workover	Deepen	Plug Bac	ck Same Rest	v. Diff. Res!	
	Date Spudded			Date Co	npl. Read	dy to Prod.		Total Dep	ih	<u> </u>	P.B.T.D		<u> </u>	
	12/28/85			3/1	1/86			1	 300 '		P.B.T.D		0.1	
	Elevations (DF, RKB, 3868 GR	RT, GR,	etc.j	Name of	Producin	og Formation		T 011 10			Tubing E	11,720 Depth	0.	
	Perforations 1.5	30 to	11,	552 W	/22 hc	oles (br	idge p	0 pulc	287' 11.480' -	· closed)	Depth Co	0,924'		
-	10,287 to 10,	302 w	/15	holes 8	$x \rightarrow 0, c$	00 to 1	<u>U,856</u>	' W/I/ I	notes (or	en)	1	1,800'		
-	HOLE SI				TUB	ING, CASIN	NG, AND	CEMENT	NG RECORE					
-	17-1/2"	26			3/8"	TUBING SI	ZE		DEPTH SE	T		SACKS CEME	NT	
-	12-1/4"				70 78"				410'		400			
	7-7/8"				72"				,225'	·	1700			
				, <u> </u>	15				, 800'		650			
V. 1	TEST DATA AND I	REQUE	ST F	OR ALLO	WABL	E (Test m	ust be af	er recovery	of total volum	se of load oil a	ind must be	equal to or exc	ceed top allo	
	Date First New Oil Rur	n To Tan	ks	Date of T	`001	able fo	rinia dep	01 02 101	full 24 hours) Method (Flow,				top attor	
- 1	2/14/86			3/11						pump, gas lift	t, etc.)			
	Length of Test			Tubing P	700			flow Casing Pre	ing		Latin A			
İ	24 hrs			180							Choke Siz	-		
7	Actual Prod. During Te	s t		Oil - Bbls				400 Water - Bble			24/6	14"		
_				150				5						
	140 mm -							<u> </u>	······································		200		· · · · · · · · · · · · · · · · · · ·	
	AS WELL Actual Prod. Test-MCF	F/D	 -	Length of	Test	·		Bhis C :						
	Feeting Method (pitot,								ensate/MMCF		Gravity of	f Condensate		
					(Shut-in)		Casing Pre	sawe (Shut-i	in)	Choke Siz	i e		
√I. C	ERTIFICATE OF	COMPI	LIANC	E					OIL C	ONSERVA	TION CO	OMMISSION		
I	I hereby certify that the rules and regulations of the Oil Conservation					vation	APPROV	/ED	MAR 1	1 1986	1.0	.		
Ç	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/Production Clerk (Title)						-1			I SIGNED B	Y JERRY	SEXTON	/ <u></u>	
							TITLE DISTRICT I SUPERVISOR							
(
_								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.						
3														
	 		(Date	•)			-	well name	or number,	or transporter	n or other	VI for change o	of condition.	
							!!	Sepa	rate Forms	C-104 must	be filed f	for each pool	in multiply	