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Appropriate District Office  
DISTRICT I  
P.O. Box 1580, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

|                                                                                                                                                                                                                                                                                                                                                                                                        |              |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------|
| Operator<br>Manzano Oil Corporation                                                                                                                                                                                                                                                                                                                                                                    | 505/623-1996 | Well API No.<br>30-025-30892 |
| Address<br>P.O. Box 2107/Roswell, NM 88202-2107                                                                                                                                                                                                                                                                                                                                                        |              |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/><br>Recompletion <input type="checkbox"/> Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |              |                              |

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                   |               |                                                      |                                        |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------|----------------------------------------|-----------------------|
| Lease Name<br>Sun Pearl Federal                                                                                                                   | Well No.<br>3 | Pool Name, including Formation<br>Pearl Queen R-9271 | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM-56263 |
| Location<br>Unit Letter G : 2310 Feet From The North Line and 1940 Feet From The East Line<br>Section 28 Township 19S Range 34E, 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"/><br>Navajo Refining Company          | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Drawer 159, Artesia, NM 88210 |            |             |             |                                   |                  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1589, Tulsa, OK 74102     |            |             |             |                                   |                  |
| If well produces oil or liquids,<br>give location of tanks                                                                                           | Unit<br>I                                                                                                      | Sec.<br>28 | Twp.<br>19S | Rge.<br>34E | Is gas actually connected?<br>yes | When?<br>6-20-90 |

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<br>X                         | Gas Well | New Well<br>X            | Workover | Deepen                     | Plug Back | Surge test | Full test |
| Date Spudded<br>5-24-90                        | Date Compl. Ready to Prod.<br>6-20-90 |          | Total Depth<br>5120'     |          | P.B.T.D.<br>5070'          |           |            |           |
| Elevations (DF, RKB, RT, CR, etc.)<br>3718' KB | Name of Producing Formation<br>Queen  |          | Top Oil/Gas Pay<br>4527' |          | Trueing Depth<br>4971'     |           |            |           |
| Perforations<br>4787-4939                      |                                       |          |                          |          | Depth Casing Seat<br>5120' |           |            |           |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12-1/4"   | 8-5/8"-24#-K-55      | 1372' KB  | 600 sx       |
| 7-7/8"    | 5-1/2"-17#-J-55      | 5120' KB  | 1425 sx      |
|           |                      |           |              |
|           |                      |           |              |

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 Tank<br>6-27-90 | Date of Test<br>7-2-90    | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                    |
| Length of Test<br>24 hrs.                 | Tubing Pressure<br>14 psi | Casing Pressure<br>50 psi                                | Choke Size<br>Open |
| Actual Prod. During Test                  | Oil - Bbls.<br>97         | Water - Bbls.<br>32                                      | Gas - MCF<br>33    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Sher Williams  
Signature  
Production Clerk  
Printed Name  
Sher Williams  
Title  
505/623-1996  
Date 7-3-90  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 06 1990

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

RECEIVED

JUL 5 1990

CCF  
HOBBS OFFICE