District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

5 Copies ■ AMENDED REPORT

District IV PO Box 2088, S		4 07504 2004		Salita	re, NN	1 8/30	4-2000				AMEN	DED REPORT	
I.				LLOWA	BLE A	ND AU	JTHOF	RIZAT	ION TO TE	RANSI	PORT		
Operator name and Address									<sup>3</sup> OGRID Number				
Manzano Oil Corporation									013954				
P.O. Box 2107 Roswell, NM 88202-2107									3 Reason for Filing Code				
API Number 'Pool Name									CO Pool Code				
30 - 0 25-			Geronimo Delaware						27400				
	roperty Cod	le		roperty Name				' Well Number					
006292			Fed					2					
II. 10	Surface Section	Locatio		m the North/South Line   Feet fr			Feet from the	I r. aw	T				
	B 31 19		P Range Lot.ldn			400			Feet from the East/West line 2310 East			County	
. 11 Bottom Hole						0 North		2310	2310 East		Lea		
UL or lot no.				outh line	Feet from the East/West line County			County					
B	31	198	33E		40	0	North		2310	Fa	East Lea		
12 Lee Code	" Produc	ing Method (	ı	Connection D	ate 15 (	C-129 Peru	lt Number		C-129 Effective I				
F Cit o	nd Coo	P		3/13/92				_l					
III. Oil and Gas Transporters  "Transporter "Transporter Name "POD "O/G "POD ULSTR Location													
OGRID		and Address				100		0/6	<sup>22</sup> POD ULSTR Location and Description				
012835 Koch 0		och Oil	il Company			1232810 0		0	B, Sec 31, T19S, R33E				
			Box 2256 ita, KS 67201						Lea County, NM				
005097 Conoco,						1232830 G		B, Sec 31, T19S, R33E					
			Box 1267 City, OK 74603						Lea County, NM				
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IV. Produ	uced Wa	nter				in a state of			<del></del>				
	POD		·····			<sup>11</sup> POD UI	STR Local	ion and D	escription				
1232850	0	В,	Sec 31,	T19S, R					cocription.			•	
V. Well (	Comple	tion Data	l								<del></del>		
" Spu	ud Date		24 Ready Date				" TD		" PBTD		25 Perforations		
<sup>36</sup> Hole Size			N.C. in A.T. U. Cit										
sion dize			H Casing & Tubing Siz			<sup>11</sup> Depth Set		- u s		" Sacks C	Sacks Cement		
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VI. Well	Test Da	ata				L	7						
			as Delivery Date H Test Date				" Test Le	ngth	M Tog. Pressure "Cag. Pr			Cag. Pressure	
" Choke	G*	41 Oil		a Water		a Gas						_	
CHOKE	Size								" AOF		" Test Method		
" I hereby certif	y that the ru	les of the Oit	Conservation Di	vision have bee	n complied								
"I hereby certify that the rules 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.								OIL CONSERVATION DIVISION					
Approved by:									Orig. Signed by Paul Kautz				
Printed name: Allison Raney							Title: Geologist						
Tide: Engineering Technician						Approval Date: MAR / 1994							
Date: 3/17/94   Phone: (505) 623-1996							MAK S I 1937						
" If this is a ch	ange of ope	rator fill in t				ious operat	or						
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	r revious (	perator Sign	ature			Printe	d Name			Title		Date	
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## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requeste on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Includents) or filing code from the following table:
New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)
other reason write that reason in this box

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9 The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State Fee Jicarilla CZCAS

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.

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21. Product code from the following table:

Gas

- T' e ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30 Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.