

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1560, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Grande Rd., Artesia, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
on back of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Manzano Oil Corporation 505/623-1996		Well APINo 30-025-31354
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Notice of connection of gas line Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		☒ Other (Please explain)

If change of operator give names
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 31G	Well No. 2	Well Name, including Features Geronimo Delaware	Kind of Lease XXX Federal XXX	Lease No. NM-67110
Location Unit Letter B : 400' Feet From The North Line and 2310 Feet From The East Line Section 31 Township 19S Range 33E NMTM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74603					
If well produces oil or liquids, give amount of output	Unit B	Sec 31	Twp 19S	Range 33E	Is gas actually transported? Yes	When? March 13, 1992

If well produces is cased/cemented with that from any other lease or pool, give casinghead gas number.

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Repair ☐ Plug back ☐ Surface hole ☐ Full hole	Date Spudded	Date Casing Ready to Finish	Total Depth	P.B.T.D.
Estimates (DF, RKB, RT, Ck, etc.)	Name of Fracturing Firm/Person		Top Oil/Gas Pay	Tubing Depth
Performance			Depth Casing String	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of initial volume of hand oil and must be equal to or exceed top alternative for this depth or be for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Pressure Interval (Flow, pump, and log, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil - bbls	Water - bbls	Gas - MCF

GAS WELL

Actual First Test - MCF/D	Length of Test	Initial Casinghead MCF	Capacity of Casinghead
Flowing Interval (pump, back, etc.)	Tubing Pressure (Static)	Casing Pressure (Static)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Allison Rolfe
Production Analyst
Initials
5-5-92
Date
505/623-1996
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 06 '92
By _____
Sug. Signed by
Paul Kautz
Geologist
Title _____

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.