

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

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Manzano Oil Corporation	505/623-1996	Well API No. 30-025-31354
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box)		Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
Request for allowable		

If change of operator give name and address of previous operator _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 31 G	Well No. #2	Pool Name, including Fortuna Gerónimo Gem Bone Spring - Delaware	Kind of Lease Fed State, Foreign or Fee	Lease No. NM-67110
Location Unit Lease B : 400' Feet From The North Line and 2310 Feet From The East Line Section 31 Township 19S Range 33E , NM(PM) Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc	P.O. Box 1267, Poncha City OK 74603
If well produces oil or liquids, give location of lease	Unit Sec. Twp. Rge. Is gas actually connected? When?
	B 31 19S 33E No ASAP

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Stim. Treat. <input type="checkbox"/>	Chill Treat. <input type="checkbox"/>
Date Spudded 11-30-92	Date Compl. Ready to Prod. 2-13-92	Total Depth 9400'			P.B.T.D. 5868'			
Elevations (DF, RCB, RT, CR, etc.) 3594 KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 5228'			Truevg. Depth 5135'			
Performances 5130'-5155', 5175'-5199', 5226'-5237', 5565'-5595'	<i>See amended</i>			Depth Casing Shoe 5195' KB				
TUBING, CASING AND CEMENTING RECORD C-104								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		365'		370 sx C1 C			
7-7/8"	5-1/2"		5915'		400 sx C1 H			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid 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 2-15-92	Date of Test 2-15-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr	Tubing Pressure 180 PSI	Casing Pressure 1400 PSI	Casing Size 18/64"
Actual Prod. During Test 112 BO	Oil - Bbls 112 bbls	Water - Bbls 68 bbls	Gas - MCF 120

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Stim-to)	Casing Pressure (Stim-to)	Casing 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.

Laura J. King
Signature
Laura J. King Production Analyst
Printed Name
2-19-92
Date
505/623-1996
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 2 1992**

By **ORIGINAL SIGNED BY JERRY CUSTON**
DISTRICT ENGINEER

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.
- 4) Separate Form C-104 must be filed for each pool in multiple completed wells.

1. The following information is being furnished to you for your information only. It is not intended to constitute an offer of insurance or any other financial product. Please consult your insurance agent for more information.

RECEIVED

FEB 20 1992

OCD HORRS OFFICE