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

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
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Manzano Oil Corporation 505/623-1996	30-025-31501

Address: P.O. Box 2107/Roswell, NM 88202-2107

Reason(s) for Filing (Check proper box) — Other (Please explain)

New Well [X] — Change in Transporter of:
Recompletion [ ] — Oil [ ] Dry Gas [ ]
Change in Operator [ ] — Casinghead Gas [ ] Condensate [ ]

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	Well No.	Pool Name, Including Formation	Kind of Lease State, ~~Fed~~ or Fee	Lease No.
Anadarko Federal	1	R-9685 Corbin Delaware, West 7/1/92	Fed	NM-17807

Location
Unit Letter I : 1980 Feet From The South Line and 660' Feet From The East Line

Section 15 Township 18S Range 32E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Co.	P.O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Conoco Inc	P.O. Box 1267, Ponca City, OK 74603

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	I	15	18S	32E	Yes	3-9-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-21-92	3-8-92	6758'	6696'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3811 KB	Delaware	6460'	6503'
Perforations			**Depth Casing Shoe**
6460'-6483'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24# J55	1185'	565 sx Cl C
7 7/8"	5-1/2" J55	6758'	755 sx Cl H

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-11-~~92~~ 92	3-11-92	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	20	20	open
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
152 BF	113 BO	39 BW	78 MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Laura J. King
Signature

Laura J. King/ Production Analyst
Printed Name — Title

3/16/92 — 505/623-1996
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 20

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.