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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

Operator Manzano Oil Corporation		Well API No. 30-025-31793 ✓
Address P.O. Box 2107, Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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 Xion Federal	Well No. 2	Pool Name, including Formation Young Bone Spring North	Kind of Lease XXX Federal or Free	Lease No. NM-67986
Location Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line Section 18 Township 18 South Range 32 East 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 18	Twp. 18S	Rge. 32E	Is gas actually connected? No	When?

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/8/93	Date Compl. Ready to Prod. 3/30/93		Total Depth 10,006'		P.B.T.D. 9850'			
Elevations (DF, RKB, RT, GR, etc.) 3751' GL	Name of Producing Formation Bone Spring Carbonate		Top Oil/Gas Pay 8374'		Tubing Depth 8500'			
Perforations 9932-42' & 8326-33'					Depth Casing Shoe 10,006'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		364' KB		350 sx Cl C + 2% CaCl			
12-1/4"	8-5/8"		2,500' KB		700 sx Lite + 576 sx Cl			
7-7/8"	5-1/2"		10,006' KB		550 sx 50/50 poz			
	2-7/8"		8,500' KB					

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 4/9/93	Date of Test 4/19/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 10	Casing Pressure 10	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 0	Gas - MCF TSTM

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.

Signature Allison Raney
Allison Raney Engineering Technician
Printed Name
Date 4/21/93 Telephone No. 505/623-1996

OIL CONSERVATION DIVISION

Date Approved APR 30 1993

By ORIGINAL SIGNATURE BY LARRY SEXTON

Title STATE ENGINEER

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 multiply completed wells.