District I PO Box 1960, Hobbs, NM 88241-1960

State of New Mexico

Exercy, Miserals & Natural Resources Department

District II

20 Drawer DD, Artesia, NM 85211-0719

OIL CONSERVATION DIVISION

Form C-104 Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office

District III 1000 Rio Brazos	12 d - America	N. C 9741A			PO E	30x 2088				w 71p	proprie	5 Copie	
District IV				Santa	Fe, N	TM 87504	-2088				l ame	NDED REPORT	
PO,Box 20 41, S I.			EOD'AI	. I OMY	בי זמ	4 NTC - 4 Y1) T ("Z A (TT)	'OX		- ·,	NDED REFOR	
1.	<u></u>	EQUEST	Operator han	LUWA	BLE.	AND AU	THOE	UZAT)	IION TO TRANSPORT				
Manzano Oil Corporation											013954		
P.O. Box 2107											Reason for Filing Code		
Roswell, NM 88202-2107											IW		
							Pool Name				¹ Pool Code		
30 - 0 25 -	33902			even Rive	n Rivers			59470					
Property Code				Property Na	operty Name					all Number			
(5158)				(USA) "I	SA) "L"					6			
		Location						•	•		·· .		
U) or lot no.;	Section .	Towaship				* from the North/South Li			Feet from the	EastW	et line	County	
		-19S	l			1650	Sou	ıth	330	Wes	West Lea		
11 Bottom Hole Location													
UL or lot no. Section,		Towaship	Range			from the			Feet from the	East/W	East/West line County		
L 12 Lae Code	14	19S	33E			.650 ·	Sou		330	Wes		Lea	
F	i mara	D Te wared Co	1	Connection D) BLE	" C-129 Perm	it Number	' "	C-129 Effective	Date	" C-1	29 Expiration Date	
III. Oil and Gas Transporters													
Transpor			Transporter N	lame		" PO	<u> </u>	11 O/G		11 505 15			
OGRID			and Address							11 POD ULSTR Location and Description			
1569		Navajo R	efining	Company	,	2820	220	0					
NAVE OF T		P.O. Box		11_0150				No. 24 No.					
Control of the contro		Artesia, NM 88211-0159 GPM											
STREET CONTRACTOR 4		4001 Penbrook				28200	820221 G						
Odess 0		dessa,	TX 79711										
			N.C.				THE PERSON NAMED OF T						
							and the second second	Name of the state of					
IV. Produ	ced Wa	iter		······································		-							
282						POD UL	STR Loca	tion and D	escription				
										···			
V. Well (od Date	ion Data	14 Ready Da				 ,					•	
7/23/97			9/26/97			מד" 1900 י			3848 ¹		3704-16' &		
" Hole Size			N Casing & Tubing Size			3900	1	Don't Sa	3040 3		3626	3626-36 ' Sacks Cement	
12-1/4"					" Depth Set 1455 ' KB			F00 av					
· · · · · · · · · · · · · · · · · · ·			8-5/8"									+ 200 C1 C	
7-7/8"			4-1/2"			 -		<u>900'KB</u>		650 sx	Lite	+ 300 Cl C	
			2-3/8"				3	756 'KB		-			
77 337-11	Tech D		l						<u> </u>			·	
VI. Well Date No.	Test Da		liver n	<u> </u>	r r		H == .		1		- -	wa -	
9/27/97		" Gas Delivery Date 9/27/97		^M Test Date		,	"Test Length		H Tog. Pressure		'	¹⁴ Cag. Pressure	
Choke Size		9/27/97 4 Oil		9/28/97 "Water		' 	· 24 hrs		" AOF		4 Test Method		
		110		30			400		AOF			Р	
" I hereby certif	y that the nu	ice of the Oil (Conservation Di	visioa bave b	eca comp	lied IT	700		<u> </u>		<u> </u>	r	
"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						
Signature:							Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS						
Printed page:							DISTRICT I SUPERVISOR						
Tide:	<u>ison Her</u>		·										
Engineerir			g Technician Phone: 505/623-1996			Vbblovs	Approval Date: NEC 0.5 1997						
10/	06/97												
" If this is a cl	rents of obs	erator (ill fa th	e OGRID bum	oper and nam	se of the	previous opera	LOF						
	Previous (perstor Signs	lure			Print	d Name			Ti	le	Date	

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 requests 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.

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

 If for any other reason write that reason in this box. 3.

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

- The API number of this well 4.
- Б. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion 7.
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.
- The producing method code from the following table: F Flowing 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.
- MO/DA/YR of the C-129 approval for this completion 16.
- $\ensuremath{\mathsf{MO/DA/YR}}$ of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- 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.
- Product code from the following table:
 O Oil
 G Gas 21.

- 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", "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
- Total vertical depth of the well
- Plugback vertical depth 28.
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. $\ensuremath{^{\circ}}$. 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.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36 MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- 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.

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