District [... PO Box 1960, Hobbs, NM \$3241-1960 District II

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

20 Drawer DD, Artesla, NM 22211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 5 Copies 1000 Rio Brane Rd., Artoc, NM 87410 District IV XX AMENDED RERORX PO, Box 2002, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator same and Address OGRID Number Manzano Oil Corporation 013954 P.O. Box 2107 Reason for Filing Code Roswell, NM 88202-2107 To change POD #'s to the same as the #1,2,3 & 4 as they are in the same tank battery 'API Number Pool Name 30 - 0 25 - 33903 Tonto Seven Rivers 59470 Property Code Property Name Well Number 15158 Federal USA "L" 10 Surface Location Ul or lot so. Section Towarblp Renge Lot.lda North/South Line | Feet from the Food from the East West Line County 14 · 19S 33E 2310 North 990 West 11 Bottom Hole Location Lea UL or lot so. Section, Towaship Range Lot Ida Feet from the North/South line Feet from the East/West line County 198 33E 2310 North 990 West <u>Lea</u> 13 Lee Code " Producing Method Code 14 Gas Connection Date " C-129 Permit Number " C-129 Effective Date " C-129 Expiration Date 8/25/97 Oil and Gas Transporters Transporter " Transporter Name " POD " O/G " POD ULSTR Location OGRID and Address and Description 15694 Navajo Refining Company 2484410 0 P.O. Box 159 Artesia, NM 9171 **GPM** 2488430 G 4001 Penbrook Odessa, TX Produced Water POD " POD ULSTR Location and Description 2484450 Well Completion Data " Spud Date 34 Ready Date מד יי " PBTD : " Perforations " Hole Size " Callag & Tubing Size u Depth Set " Sacks Cement VI. Well Test Data Date New Oil " Gas Delivery Date " Test Date " Test Length " Tog. Pressure " Cag. Pressure " Choke Size *1 Oil " Water " Cu " AOF Test Method " 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 OIL CONSERVATION DIVISION knowledge and belief. Signature: Approved by: Hernand ORIGINAL SIGNED BY CHRIS WILLIAMS Printed name: Tille: Allison Hernandez (Title: MAY 08 1998 Approval Date: <u>Engineering Technician</u> Phone: (505) 623-1996 Date: of If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Tille Date

New Mexico Oil Conservation Division C-104 Instructions

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|---|--|--|--|--|--|
| ٠ | "AMENDE | S AN AMENDED REPORT. CHECK D REPORT AT THE TOP OF THIS DO | JCOMEN 1 | 22. | 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.) |
| | Report all oil volumes at 10.020 Falls at 00. Report all oil volumes to the nearest whole barrel. | | 23. | 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 | |
| | 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. | | tests conducted in | | number and write it here. |
| | All sections of this form must be filled out for allowable requests on new and recompleted wells. Fill out only sections i, il, ill, IV, and the operator certifications for changes of operator, property name, well number, transporter, or | | | 24. | 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.) |
| | | | | 26. | MO/DAMR drilling commenced |
| | other such changes. | | | 26. | MO/DAMR this completion was ready to produce |
| | A separate C-104 must be filed for each pool in a multiple completion. | | 27. | Total vertical depth of the well | |
| | Improperly filled out or incomplete forms may be returned to | | 28. | Plugback vertical depth | |
| | | Unapproved. Operator's name and address | · · · · · · · · · · · · · · · · · · · | 29. | Top and bottom perforation in this completion or casing school and TD if openhole |
| | 1. | Onerator's OGRID number. If you do | not have one it will | 30. | Inside diameter of the well bore |
| | 2. | be assigned and filled in by the Distri | ct office. | 31. | Outside diameter of the casing and tubing |
| | 3 | Reseon for filing gode from the following table: | | 32. | Depth of casing and tubing. If a casing liner show top and bottom. |
| | | RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter | rter | 33. | Number of eacks of cement used per casing string |
| | *** | | eporter | The fol | llowing test date is for an oil well it must be from a test sted only after the total volume of load oil is recovered. |
| | | RT Request for test allows | ale (Include volume | 34. | MO/DA/YR that new oil was first produced |
| | | if for any other reason write that rea | son in this box. | 35. | MO/DA/YR that gas was first produced into a pipeline |
| | 4. | The API number of this well | | 36. | MO/DA/YR that the following test was completed |
| | 5. | The name of the pool for this comple | ation 1 | 37. | Length in hours of the test |
| | 6. | The pool code for this pool The property code for this completio | . | 38. | Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells |
| | 7 . 8. | The property name (well name) for t | and the second of the second o | 39. | Flowing casing pressure - oil wells |
| | 9. | The well number for this completion | | | Shut-in casing pressure - gas wells |
| | 10. | 10. 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. | | 4.4 | Diameter of the choke used in the test |
| | | | | | Barrels of oil produced during the test |
| | | Otherwise use the OCD unit letter. | | 42. | Barrels of water produced during the test |
| | 11. | The bottom hole location of this con | *** | ∴43, | MCF of gas produced during the test |
| : | 12. | Lease code from the following table F Federal S State | | 44. 45. | Gas well calculated absolute open flow in MCF/D The method used to test the well: |
| | | P Fee J Jicarilla | | | F Flowing P Pumping |
| | | N Navajo U Ute Mountain Ute | | | S Swabbing If other method please write it in. |
| | | Other Indian Tribe | | 46. | The signature, printed name, and title of the person authorized to make this report, the date this report was |
| | 13. | The producing method code from the Foreign Pumping or other artificial | | | signed, and the telephone number to call for questions about this report |
| | 14. | MO/DA/YR that this completion was | s first connected to a | 47. | 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 |
| | 15. | The permit number from the District this completion | ct approved C-129 for | | operates this completion, and the data this report was signed by that person |
| | 16. | MO/DAYR of the C-129 approval f | or this completion | | |
| | 17. | MO/DA/YR' of the expiration of C-completion | 129 approval for this . | | |
| | 18. | The gas or oil transporter's OGRID | number | | |
| | 19. | Name and address of the transporte | er of the product | | |
| ٠ | The number sesigned to the POD from which this product will be transported by this transporter. If this is a new well | | om which this product | | |
| | | will be transported by this transport or recompletion and this POD has office will assign a number and wri | no number the district | | |
| | 21. | Product code from the following ta O OII G Gas | ble: | | |
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