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RANSPORTER	OIL	
	GAS	
PERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Manazano Oil Corporation (505-623-1996)		
ddress		
P.O. Box 571/Roswell, NM 88202		
Reason(s) for filing (Check proper box)		Other Casinghead GAS MUST NOT BE
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	FLARED AFTER 5/1/85
Completion <input type="checkbox"/>	Oil <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	IS OBTAINED.
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL
DESTINATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-7417

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	Amoco State	1	Queen	State, Federal or Fee State	LG-2619
Location					
Unit Letter	G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section	13	Township	20-S	Range	35-E
					NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation	P.O. Box 1183/Houston, TX 77251-9988	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company	Bartlesville, OK	
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	G	13	20S
			Rge. 35E
			Is gas actually connected? No
			When

this production is commingled with that from any other lease or pool, give commingling order number: _____
COMPLETION DATA

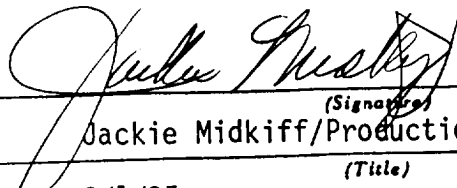
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12/28/84	2/28/85		11,200'		5080'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3646.1 GR	Queen		4918		4974'			
Perforations					Depth Casing Shoe			
4918-4824'								

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	413'	400/circ 150 sx
12 1/4"	8-5/8"	4020'	1600 sks/circ 85 sx
7-7/8"	4-1/2"	5128'	425 sks

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/16/85	2/28/85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	N/A	N/A	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	50	2	33

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jackie Midkiff/Production Clerk
3/1/85
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR - 8 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.