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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

Operator Manzano Oil Corporation		Well API No. 30-025-31883
Address P.O. Box 2107, Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 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 _____		

HEAD GAS MUST NOT BE  
FLARED AFTER 6-8-93  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sims State	Well No. 1	Pool Name, including Formation Wildcat - San Andres	Kind of Lease State/Production Fee	Lease No. V-3449
Location Unit Letter M : 660 Feet From The South Line and 330 Feet From The West Line Section 12 Township 20 South Range 35 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"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent)					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other leases 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 1/29/93	Date Compl. Ready to Prod. 4/2/93		Total Depth 11,532'		P.B.T.D. 5524'			
Elevations (DF, RKB, RT, CR, etc.) 3658' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 5277'		Tubing Depth 5485'			
Performances 5296-5304'; 5424-34'; 5325-28'; 5344-62'; 5372-76'; 5382-88' 5277-83'					Depth Casing Shoe 5602'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		400' KB		400 sx C1 C			
11"	8-5/8"		4025' KB		1500 sx Lite + 300 sx C			
7-7/8"	4-1/2"		5602' KB		300 sx C1 H			
	2-3/8"		5485' 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 4/8/93	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 None
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 29	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 Title  
Date 4/21/93 Telephone No. 505/623-1996

OIL CONSERVATION DIVISION

Date Approved MAY 08 1993

By ORIGINAL SIGNATURE OF DEPT. 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.