<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>		x, NM 88240	State of New M Energy, Minerals & Nat				exico ral Resources			Form C-10 Revised March 25, 199			
811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATION DIVISIO 2040 South Pacheco					NC	Submit to Appropriate District Offic 5 Copie				
District IV Salita 1.6, NIVI 87505												ENDED REPOR	
2040 South Pa					<b>Δ Ν</b> Π							ENDED REPOR	
			<sup>4</sup> Operator n	ame and Address	AN	O AUTHORIZATION TO TRANSPORT 'OGRID Number							
Manzano Oil Corporation P.O. Box 2107									013954				
	11, NM	- •	2107						<sup>a</sup> Reason for Filing Code				
•	API Number		<sup>1</sup> Pool Name						NW * Pool Code				
	<b>30-0</b> 25-35120			Featherstone (Bone Sprin						$z^{4}25D$			
<sup>7</sup> Property Code 26499			<sup>•</sup> Property Name Manzanita State						<sup>9</sup> Well Number				
П. 10	Surface	Location					a Stat	е 				1	
Ul or lot no.			Range	Lot.Idn Fe	et fron	n the	North/Sout	h Line	Feet from the	East/West line County			
Е	16	20S	35E	35E		880	North		660	West		Lea	
<u>п</u>	Bottom	Hole Loca	ation		L						Hest Lea		
UL or lot no.	L or lot no. Section Township					om the North/South line		h line	Feet from the	East/Wes	ast/West line County		
E Lee Code			35E		Dunection Date 14 C		North		660		West Le		
S		P	Gau	Connection Date		C-129 Permit	Number		C-129 Effective I	Date	" C-1	29 Expiration Date	
III. Oil an	d Gas T	ransporters	<b>L</b>	<u> </u>				1					
<sup>19</sup> Transporter (			, Transporter N	lame		20 POD		<sup>21</sup> O/G		22 POD UI	STD I as		
		erre de Du	and Address					<sup>22</sup> POD ULSTR Location and Description					
01509		avajo ke: .O. Drawa	fining Co.			827410 0			•				
			a, NM 88211-0159										
						277	ter-1						
	i C	ASINGHE/	D GAS i	ALIST ROT ST		28274126							
		TROCH SE	THE 3/2/1/						· · · · · · · · · · · · · · · · · · ·				
	, i	INLESS AN	EXCEPTION TO SAMPLE										
	1	<u>s qetaini</u>	<u>.</u> D.					·					
V. Produced Water													
<sup>21</sup> P				_	<sup>34</sup> POD ULSTR Location and Description								
2827	413					10202		1 8190 L/CM	прина				
V. Well Co	ompletio	n Data											
28 Spud Date		24 Ready Date		27 TD		<sup>24</sup> PBTD			29 Perforati	tions		<sup>24</sup> DHC, MC	
9/02/		11/11/00		10,825'			10,768'		10,732-42				
	<sup>31</sup> Hole Size 17-1/2"		<sup>12</sup> Casing & Tubing Size			<sup>33</sup> Depth Set					H Sacks (	Cement	
11"			<u>13-3/8"</u> 8-5/8"			402 K				375 C1 C			
7	7-7/8"		5-1/2"			<u>3,805'K</u> 10,838'K			The second s	1150 C1 C 650 C1 C			
77 337 11											<u> </u>		
VI. Well To <sup>24</sup> Date Ner	est Data	Ho nu					· ·						
12/18/0	I	<sup>14</sup> Gas Delivery Date		<sup>37</sup> Test Date 12/18/00		<sup>24</sup> Test Lengt 24 hrs			<sup>39</sup> Tbg. Pres	lure		Csg. Pressure	
41 Choke		4 Oil		43 Water			4 nrs		NA ** AOF			psi Test Method	
NA		58 bb1s				44 MCF		_				mping	
ou use supermation	nst the rules o given above	t the Oil Conservi is true and comple	tion Division h te to the best o	nave been complied with If my knowledge and be	h and lief.		OIL	CON	SERVATIO	ON DIV	ISIO	N	
signature:	man	P H	Der	TIR		Approved by:							
ninted name:		Title:											
îtle:		Approval Date:											
VP Engineering   ue: 12/18/00   Phone: (505)   623-1996													
				d name of the previou		lor							
	_												
	Previous Operator Signature Printed Name Title Date											Date	

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## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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.

## 1: Operator's name and address 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 NewWell 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. 4. The API number of this well. 5. The name of the pool for this completion. 6. The pool code for this pool. 7. The property code for this completion. 8. The property name (well name) for this completion. 9. The well number for this completion. 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. If the 11. The bottom hole location of this completion. Lease code from the following table: Federal State Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe 12. The producing method code from the following table: F Flowing P Pumping or other artificial lift 13. MM/DD/YY that this completion was first connected to a 14. gas transporter. The permit number from the District approved C-129 for this completion. 15.

- 16. MM/DD/YY of the C-129 approval for this completion.
- MM/DD/YY of the expiration of C-129 approval for this 17. completion.
- 18. The gas or oil transporter's OGRID number.
- 19. Name and address of the transporter of the product.
- 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.
- 27. Total vertical depth of the well.
- 28. Plugback vertical depth.
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole.
- Write in DHC' if this completion is downhold commingled with another completion or MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram 30.
- 31. Outside diameter of the casing and tubing.
- 32 Depth of casing and tubing. If a casing liner, show top and bottom.
- 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.

- 34. MM/DD/YY that new oil was first produced.
- 35. MM/DD/YY that gas was first produced into a pipeline.
- 36. MM/DD/YY that the following test was completed.
- 37. Length in hours of the test.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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.

45.

- The method used to test the well: F Flowing P Pumping S Swabbing if other method please write it in.
- 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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