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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	505/623-1996	Well API No. 30-025-31821
Address P.O. Box 2107/Roswell, NM 88202-2107		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5-1-93</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson	Well No. 1	Pool Name, Including Formation Wildcat Bihrey Delta	Kind of Lease XXXXXX Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>21 South</u> Range <u>32 East</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil E.O.T.T. Energy Corporation	<input checked="" type="checkbox"/> E.O.T.T. Energy Corporation LP	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188
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 <u>L</u>	Sec. <u>35</u>
	Top. <u>21S</u>	Rgn. <u>32E</u>
	Is gas actually collected?	When?
	<u>No</u>	

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	Surge Rec'd	Full Rec'd
Date Spudded <u>12/8/92</u>	Date Compl. Ready to Prod. <u>2/4/93</u>		Total Depth <u>8763'</u>		P.B.T.D. <u>8720'</u>			
Elevation (DF, RKB, RT, CR, etc.) <u>3674' GL/3685' KB</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>8693'</u>		Tubing Depth <u>8673'</u>			
Perforations <u>8657-8693'</u>					Depth Casing Shoe <u>8763'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	702' KB	550 sks lite, 200 Cl C
11"	8-5/8"	4195' KB	1200 sks lite, 200 Cl C
7-7/8"	5-1/2"	8763' KB	550 sks Cl H
	2-7/8"	8673' 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 <u>2/4/93</u>	Date of Test <u>2/10/93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>30</u>	Casing Pressure <u>30</u>	Choke Size
Actual Prod. During Test <u>24 hrs</u>	Oil - Bbls. <u>55</u>	Water - Bbls. <u>65</u>	Gas - MCF <u>155</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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
Production Clerk Allison Raney
Printed Name Title
2/16/93 505/623-1996
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 08 1993
By Paul Randa
Orig. Signed by Geologist
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.