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Appropriate District Office
DISTRICT 1
P.G. Box 1980, Hobbs, NM 88240

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Ameria, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM \$7	410 BE	OUEST		11 OW	ADI E AND ALTER	~~·~		•		
I.	1140	TO TE	RANSE	PORT	ABLE AND AUTHO	JHIZA - GAS	LION	Ŋ		
Manzano Oil Corporation 505/623-1996				Well API No.						
P.O. Box 2107/Re	nswell t	JM RR	202-2	107			•	·····		
Reason(s) for Filing (Check proper b	or)	VIVI BB.	202-2	107	Other (Please	arolaia)				
New Well Recompletion		Change	ia Tanag	coruer of:						
Change in Operator	Oil Carinet	mrq Cre [Dry G		 Effoctive 7	7/1/00				
If change of opening give name			_ Cusce	MARIA [Effective 7	/1/89				
red sylver of business obsured.										
II. DESCRIPTION OF WEI	LL AND LI		<u> </u>							
Ammons Madera		Well No.	. Itool N		ding Formation			of Lease Foderal or Fee	1	eue Na
Location				<u>Ja rau</u>	<u>o Draw Delaware</u>			, 1 4 4 1 7 6 6	_lF	ee
Unit Letter	:99	00'	_ Feat Fr	rom The	West Lime and 1	980'	Ε	eet From The	South	• •
Section 15 Town	260	•					Г	eer Light 105	SULL	lite
Section 15 Town	uship 26S		Runge	33E	, NMPM,	Lea)	·····		County
II. DESIGNATION OF TR	ANSPORTI	er of o	IL AN	D NATT	IRAL GAS					
are a sumprison transbares of Or	י רכו	or Conde	newic .		Address (Give address to	which ap	NOW.	coor of this form	s is to be a	(AI)
Navajo Refining Com	pany				P.O. Drawer 159, Artesia, NM 88210					
Phillips 66 Natural	Gac Com		or Dry	C++	Address (Give address to which approved copy of this form is to be sent)			in)		
well produces oil or liquids.	Lini	Soc	Twp	Ryc.	P.U. Box 5050	<u>/Bartl</u>	esv	<u>ille, OK</u>	74004	
ve location of tanks.	F	i 15	1 26	1 33	Voc	' !	When	. 7		
this production is commingled with the COMPLETION DATA	at from any ou	per losse or	pool, give	s comming	ling order number:					
Designate Type of Completic	n - (X)	Oil Well	C	es Well	New Well Workover	Dec	pen	Plug Back Sa	me Kes'v	Dill Kes'v
the Spuidal	Date Com	pl. Reedy to	Prod.		Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	emation.	· · · · · · · · · · · · · · · · · · ·	Top Oil/Gas Pay				······································	
normon								Tubing Depth		
								Depth Caring S	boe	
	7	UBING	CASIN	G AND	CEMENTING RECO	n.n				
HOLE SIZE	CA	SING & TU	BING SI	ZE	DEPTH SE			SAC	KS CEME	. 7
								320	KS CEME	MI
	- 				**					
										
TEST DATA AND REQUE L WELL (Test must be after	ST FOR A	LLOWA	BLE					·		
Le First New Oil Rus To Tack	Due of Tea	ial volume o	انه اعدما ا		be equal to or exceed top at	lousble fo	ونطاح	depuk or be for fi	41 24 hours	1.)
·	Date Of 152	•		i	Producing Method (Flow, p	મ્મ્યુષ્ટ, દિવા	lift. es	£.)		
agin of Tes	Tubing Pressure			Casing Pressure			Choke Size			
tual Prod. During Test						- 1				
toe being test	Oil - Bhis.				Water - Bola			Cu- MCF	· · · · · · · · · · · · · · · · · · ·	
AS WELL		· · · · · · · · · · · · · · · · · · ·								
Prod. Test - MCF/D	Leagh of To	eal			DC1. C		سنجاد کا			
	reality of 1881			Bbls. Condensate/Mb/ICF			Gravity of Condensate			
ing Method (pitor, back pr.)	Tubing Pres	aure (Shut-ia	3		ming Pressure (Shut-is)			Olicke Size		
				1			İ			
OPERATOR CERTIFIC	ATE OF	COMPL	IANC	E	0" 00"				······································	
hereby certify that the rules and regul havision have been complied with and	that the is from	ation misses	ios shows		OIL CON	ISER	VA	TION DIV	ISION	ĭ
three and complete to the best of my	tnowledge and	belief.			Data Anama	_4		AUG 3	1 198	9
Caron - 110					Date Approved					
Allera Chiling		······································			ByORI	GINAL S	IIGN	ED BY JERRY	SEYTAN	ř
Production Clerk	A]	llison	Wiggi	ns		DIST	RICT	1 SUPERVISO	R	
8/25/89		Ti 623-199	ile		Title					
ale .		Telepho								

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number transporter or other such shapes

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2) All sections of this form must be filled out for allowable on new and recompleted wells.

with Rule 111.

BECEIVED

AUG OF CO.

AUG 3 0 000

000 18980 **0**4500

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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 8'	7410	10W MEXICO 67304-2066				
I.	HEQUEST FOR ALL	OWABLE AND AUTHOR	RIZATION			
Operator	TO TRANSPOR	RT OIL AND NATURAL	GAS			
			Well API No.			
Manzano Oil Corp		96				
P.O. Box 2107/R Reason(s) for Filing (Check proper is	oswell, NM 88202-2107					
New Well		Other (Please ex	eplain)			
Recompletion	Change in Transporter Oil Dry Gas	of:				
Dange in Operator	Casinghead Gas Condensate	effective 2/1/	89			
Change of opening size same			United Life Bldg/Midland, TX 7			
L DESCRIPTION OF WE		Pat Wright	3,			
case Name	Well No. Pool Name,	Including Formation	Kind of Lease Lease No.			
Ammons-Madera	1 Salado	Draw Delaware	State, Federal or Fee Fee			
Unit Letter	: 9901 Feet From T	The West Line and 198	80 Feet From The South Line			
Section 15 Tow	mship 265 Range 3	33E NMPM	Lea County			
I. DESIGNATION OF TR	ANSPORTER OF OIL AND N	LITTID LT CLC	Commy			
ame of Authorized Transporter of O		ATUKAL GAS				
Permian Corporatio	[]	D.O. Doy 110	Address (Give address to which approved copy of this form is to be sent)			
ame of Authorized Transporter of C	annghead Gas XX or Dry Gas	P.O. Box 118.	3/Houston, TX 77251-1183			
Phillips 66 Natural			which approved copy of this form is to be sent)			
well produces oil or liquids,	Unit Sec. Twp.	F.U. BOX 5050	0/Bartlesville, OK 74004			
e location of tanks.		Rige. Is gas actually connected?	When ?			
his production is commingled with t	that from any other lease or pool, give com	33 Ves				
. COMPLETION DATA						
Designate Type of Completi		Vell New Well Workover	Doepen Ping Back Same Res'v Diff Res'v			
ne Spekted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
evaluons (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
riorations			Depth Casing Shoe			
	TIPPIO CHONIC					
HOLE SIZE	TUBING, CASING A	AND CEMENTING RECOR				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQU	EST FOR ALLOWABLE					
LWELL (Test must be after	r recovery of total volume of load oil and	must be equal to or exceed top alle	omable for this depth or be for full 24 hours.)			
e First New Oil Run To Tank	Date of Test	Producing Method (Flow, pa	Producing Method (Flow, pump, gas lift, etc.)			
gth of Test	Tubing Pressure	Casing Pressure	Choke Size			
ual Prod. During Test	Oil - Bhis.	Waier - Bbls.	Gas- MCF			
C YEMPI T						
S WELL			-			
ul Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
OPERATOR CERTIFIC	CATE OF COMPLIANCE					
hereby certify that the rules and regi	ulations of the Oil Conservation	OIL CON	SERVATION DIVISION			
hvision have been complied with an	d that the information given above					
true and complete to the best of my	Amowiespeg and belief.	Data Approxima	FEB 1 7 1989			
	116.	Date Approved				
ignature / a he. /ll	rapy	- Ву	Orig. Signed by			
Production Clerk	Jackie Midkiff	П рд ———	Paul Kauts			
rinted Name	Tule	Telo	Geologist			
2/15//94	505/622-1006	Title				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2/15//89

effective 2/1/89

Date

- 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.

505/623-1996

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Secretary Andrews

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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		<u> </u>	
	OIL		
TRANSPORTER	GAS	<u> </u>	
OPERATOR			
PROBATION OFFICE			

SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
FILE		AND	Effective 1-1-65			
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS			
LAND OFFICE	-					
TRANSPORTER GAS	-					
OPERATOR						
PRORATION OFFICE						
Adobe Resources Cor	rporation					
Address	_					
	Life Building, Midland	, Texas 79701 Other (Please explain)				
Reason(s) for filing (Check proper bo	x) Change in Transporter of:	Other (Flease explain)				
Recompletion	Cil Dry Ga	s Effective Nov	ember 1, 1985			
Change in Ownership X	Casinghead Gas Conder	sate				
If change of ownership give name	Adobe Oil & Gas Corpo	ration, 1100 Western I	United Life Building			
and address of previous owner	Midland, Texas 79701	ration, from western t	onited bite building			
DESCRIPTION OF WELL AND	LEASF	ormation Kind of Lea	Lagra No			
Lease Name	Well No. Pool Name, Inc. uding F	State Fode	Lease No.			
Ammons-Madera	1 Salade Draw (Delaware/	ree			
Unit letter 'L 99	O Feet From The West Lin	ie and 1980 Feet From	The South			
Line of Section 15 T	ownship 265 Range	33E , NMPM,	Lea County			
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	as				
Name of Authorized Transporter of C	or Condensate	Aidress (Give address to which app	roved copy of this form is to be sent)			
The Permian Corpora	ation	P.O. Box 3119, Midla	ind, Texas 79701 roved copy of this form is to be sent)			
1	ompany (19 alaret En)	Bartlesville, OK. 740				
If well produces oil or liquids,	Unit Sec. Twp. Ege.		When			
give location of tanks.	L 15 26S 33E	Yes	5/23/75			
	with that from any other lease or pool,	give commingling order number:				
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
Designate Type of Complet	Date Compl. Ready to Prod.	1	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.	lota. Depth	F.B.7.D.			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth			
		· 				
Perforations			Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load o epth or be for full 24 hours)	oil and must be equal to or exceed top allow			
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bils.	Water - Bbis.	Gas - MCF			
Actual Prod. During 102.						
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D	Length Of Teat	EDIO GOLIGOLIDATO, MINIO				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	VATION COMMISSION			
T handy contifue that the rules an	d regulations of the Oil Conservation	APPROVED PEBL #	1300			
Commission have been complied	with and that the information given		AA 1858A 4271619			
above is true and complete to	the best of my knowledge and belief.	DICTDICT I	CUPERVIEOR			
1		TITLE				
Die Com	/		in compliance with RULE 1104.			
Tope Chron	(nature)	" melt this form must be accom	lowable for a newly drilled or despense spanied by a tabulation of the deviation			
Bill Owens, Vice Pres		tests taken on the well in ac	cordance with RULE 111. must be filled out completely for allow			
,	Title)	able on new and recompleted	wells.			
12-16-19	85	Fill out only Sections I.	II. III, and VI for changes of owner			

(Date)

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.

DEC 19 1985