

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		1

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

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

MAY 6 1965

Operator Leonard Oil Company		O. C. C. ARTESIA, OFFICE		RECEIVED	
Address P.O. Box 400- Roswell, New Mexico					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		APR 30 1965	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B-514	Well No. 18	Pool Name, including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee State
Location Unit Letter G ; 1650 Feet From The north Line and 1650 Feet From The east Line of Section 28 , Township 17S Range 29E , NMPM, Eddy 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1509- Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 28	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When Lease was connected in 1960.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-13-1965	Date Compl. Ready to Prod. 4-27-1965	Total Depth 3359			F.S.T.D. 3118				
Pool Grayburg-Jackson	Name of Producing Formation San Andres	Top Oil/Gas Pay 2698			Tubing Depth 3092				
Perforations 1-hole /ft. @2698-2704; 2714-20; 2743-53; 2759-66; 2791-95; 2800-04; 2874-84; 2895-2903; 2954-58; 2962-72; 2977-85; 3076-86.					Depth Casing Shoe 3223				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 10"	CASING & TUBING SIZE 8 5/8 - 24# J-55			DEPTH SET 292			SACKS CEMENT 50		
8"	7" 20# J-55			3223			150 initially & squeezed w/total 500 sx.		
	2 3/8 4.7 J-55			3092			Production		

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 Tanks 4-28 -65'	Date of Test 4-28-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size Open 2"
Actual Prod. During Test 75 bbls	Oil-Bbls. 60	Water-Bbls. 15 (Acid)	Gas-MCF TSTM

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

ORIGINAL SIGNED BY
WILSON HIX
GENERAL MANAGER

(Signature)

General Manager

(Title)

April 28, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 6 1965**, 19

BY **M. L. Armstrong**
TITLE **OIL AND GAS INSPECTOR**

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 Sections I, II, III, and VI only 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.