

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

X New Well - DUAL
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ROSWELL, NEW MEXICO September 6, 1960
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Leonard Oil Company Federal Ginsberg, Well No. 9, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D, Sec. 22, T. 25-S, R. 23-E, NMPM., Undesignated Pool
Unit Letter
Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

330 FNL 7 330 FWL

Tubing, Casing and Cementing Record

Size	Feet	Size
13 3/8	367	350
9 5/8	2265	800
7"	6957	415
2 3/8	5105	Tubing

County. Date Spudded 2/13/60 Date Drilling Completed 5/16/60
Elevation 3049 GL, 3052 DF Total Depth 6958 PBD 6957
Top Oil/3000 5153 Name of Prod. Form. Blinebry
PRODUCING INTERVAL - 5153-59, 5161-67, 5184-89, 5200-06, 5208-14, 5234-39
Perforations 5218-54; 5256-62; 5275-80; 5282-88; 5290-96; 5325-37
Open Hole None Depth Casing Shoe 6957 Depth Tubing 5105

OIL WELL TEST - Show oil in cuttings
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 50 bbls. oil, 0 bbls water in 12 hrs, 0 min. Size 12/64

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pilot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25,000 gal refined oil & 55,000# sand
Casing Tubing Date first new
Press. 100 Tubing 500 oil run to tanks 9/5/60
Oil Transporter Texas New Mexico Pipeline Company
Gas Transporter _____

Remarks:

Justis Blinebry Ext.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

LEONARD OIL COMPANY

(Company or Operator)

By: _____

(Signature)

Title: General Manager

Send Communications regarding well to:

Name: LEONARD OIL COMPANY

Address: P.O. BOX 205 - ROSWELL, NEW MEXICO

OIL CONSERVATION COMMISSION

By: _____

Title: _____