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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR  
PRORATION OFFICE

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

Form O-104  
Supersedes O-104 and O-104a  
Effective 1-1-80

I. **Owner**  
Crown Central Petroleum Corporation  
Address  
4000 N. Eig Spring, Suite 213, Midland, Texas 79705  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Gas in the Oil ☒ Condensate ☐  
Change in Ownership ☐ Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
Leonard  
Well No. Pool Name, including information  
2 West Nadine, Blinbry  
Kind of Lease  
State, Federal or Fee Fee  
Location  
Unit Letter B 990 Feet From The North Line and 2310 Feet From The East  
Line of Section 7 Township 20S Range 38E NMJM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Koch Oil Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 3609, Midland, TX 79702  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Texaco Petroleum Corp.  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1137, Eunice, N.M. 88231  
If well produces oil or liquids, give location of tanks. Unit B Sec. 7 Twp. 20S Rge. 38E  
Is gas actually connected? Yes When April 24, 1986

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) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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)

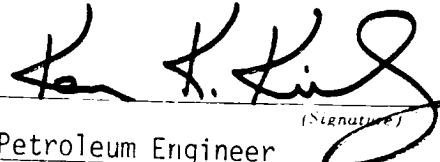
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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

VI. CERTIFICATE OF COMPLIANCE

I 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.

  
K.K. Kirby  
Petroleum Engineer  
May 2, 1986

OIL CONSERVATION COMMISSION  
APPROVED MAY 8 - 1986  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
TITLE

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 O-101 must be filed for each well.