

REQUEST FOR ~~OIL~~ - (GAS) ALLOWABLE

New Well
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

June 19, 1959

(Place)

(Date)

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

Leonard Oil Company

B.M. Justis

Well No. 7, in SE 1/4, NW 1/4,

(Company or Operator)

F 20, Sec. 20, T. 25S, R. 37E, NMPM., Jalmat - Gas Pool

Unit Letter

Lea

County. Date Spudded 11-20-58 Date Drilling Completed 12-8-58

Please indicate location:

Elevation 3075.6 Total Depth 3285 PBTD

Top Gas Pay 2781 Name of Prod. Form. Yates

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

PRODUCING INTERVAL -

Perforations 2781-89, 2810-20, 2830-40, 2860-72

Open Hole Depth Casing Shoe 3196 Depth Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: Sl show gas MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.): Drill Stem Test

Test After Acid or Fracture Treatment: 800 MCF/Day; Hours flowed 24

Choke Size 1.50 plate Method of Testing: Meter Run

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 20,000 gals lease oil & 30,000# sand

Casing 300# Tubing Date first new Press. 300# Press. oil run to tanks

Oil Transporter

Gas Transporter 6210th Street

Tubing, Casing and Cementing Record

Size	Feet	Size
9 5/8	336	250
7	3196	300

Remarks:

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)

OIL CONSERVATION COMMISSION

By: Fowler Hix GENERAL MANAGER

(Signature)

By: John W. Ramsey

Title.....

Send Communications regarding well to:

Title.....

Name..... LEONARD OIL COMPANY

Address..... BOX 708 ROSWELL, NEW MEXICO