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## Santa Fe, New Mexic

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

#### REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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 QUADRUPLICATE 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.

into	the st	nck tanks.	Gas must	be reported on 15.025 psiz	at 60° ranrenne. Artesia, N	ew Mexico	4/8/	/64
					(Place)			(Date)
AOF	นะอ	FRY RF	OUESTIN	G AN ALLOWABLE FO	OR A WELL KN	OWN AS:		CII
New	nont (	011 Com	pany i	/ Leonar a	Well No	, in.	SW	1/41/4,
	Compa	ny or Oper	ator)	T. 16-S , R 30-I	<u>)</u>	Camera Tak		
M `		Sec	34	T. 16-S , R 30-1	, NMPM.,	Square Dax		Pool
Unit	Letter	,			1-1-64	Date Deilling	Completed	1-13-64
Edd	<b>y</b>	********		County. Date Spudded	Total	3146	PBTD	3129
P	lease ir	ndicate lo	cation:	County. Date Spudded Elevation 3/33 Top Oil/Gas Pay 2911	Name	of Prod. Form. Gr	ayburg -	San Andres
D	C	В	A					
_	-	1		PRODUCING INTERVAL -	2010_22 2060_	65.2970-73.30	97-98.31	00-02
		<del></del>	<del>  </del>	Perforations 2911-13,	Z717-22, 2700-	2166	Depth	3032
E	F	G	H	Open Hole	Casir	ng Shoe	Tubing	
			1 1	OIL WELL TEST -				
L	K	J	<del>                                     </del>	CAL THE TOTAL AND A SOLUTION		bble water	in hre	Choke min. Size
	77		-	Natural Prod. Test:	bbls.oil,	DOIS Water .		
				Test After Acid or Fract	ure Treatment (afte	er recovery of vol	ume of oil e	choke Choke
M	N	0	P	Test After Acid or Fract load oil used):  3	_bbls,oil,0-	bbls water in	4 hrs, -(	min. Size rum
<b>.</b>				GAS WELL TEST -			CEIV	
X	L		OFW .	Natural Prod. Test:	int /			
660	/ For	TACE			MCF/	JU	L 1 () 196	54
ubing	,Casin	g and Come	nting Recor	<b>d</b> Method of Testing (pitor	t, back pressure, e	tc.):		
Siz	•	Feet	Sax	Test After Acid or Frac	ture Treatment:	<del></del>		rs flowed
	1011	/101	75 41-4	Choke Size Met	hod cf Testing:	ART	ESIA, OFFI	CE
8 5	/8"	418	75 sks	-		s	such as acid	. water, oil, and
4 1	/2"	31461	150 sks	Acid or Fracture Below	ent (Give amounts o	f materials used,	330., <b>a</b> 3 ac1	
	<del>-</del>			301107				
	1		ł	Casing Tubing Press. Press.	oil run t	o tanks	04	
				Oil Transporter Co	ntinental Pip	e Line Compan	У	
	1		1	OII II all opoi cox				
		141-0	nerforet	Gas Transporter ions with 2500 gall	ons HCL using	50 ball seal	ers for	separation.
emar	ks:AC	TOTSE	herrare	l sealers. Frac fo	rmation with	20,000 gallor	s lease	o11, 17,300#
Swa	bbed	to rec	over par	e n o 1 cens	Adomita			
No.	20/4	40 sand	, 400# o	f P-2, and 550# of	VIORICE			
T	hereby	certify t	hat the infe	ormation given above is	true and complete	to the best of my	knowledge.	
			-8	<u> 1.0.1964</u> , 19.64	Newmon	t Oil Company	y Operator)	***************************************
/bbto	ved		JU	[‡	- P. 1	(Company	or Oberator)	
		001105	n 1 / 4 TT / 1	COMMISSION	Ву:	. J. LEOBETTER	ature)	
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Ву:	19/2		LYNLL	£.	Se	end Communication	ms regardin mpany	ik wen oo
Title .		. <i>BBD</i> 64	B IBBNECT F	<b>*</b>	Name	- 44 4		to New Mexic
- 111C .					R Address	owley Buildin	g, Artes	Tal Hen Hours
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### NEW MEXICO-OIL CONSERVATION CO., MISSION

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

#### CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Well No. Company or Operator Newmont 011 Company Leonard 11 Section 34 County Unit Letter Township Range M 16-S 30-E Eddy Kind of Lease (State, Fed, Fee) Pool Federal Section Township Range If well produces oil or condensate give location of tanks 16-S 30-E Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil X or condensate Continental Pipe Line Company Artesia, New Mexico Is Gas Actually Connected? Yes\_ Date Con-Address (give address to which approved copy of this form is to be sent) Authorized transporter of casing head gas or dry gas nected If gas is not being sold, give reasons and also explain its present disposition: TSTM REASON(S) FOR FILING (please check proper box) Change in Ownership . . . . . . . . . . . . . Change in Transporter (check one) Other (explain below) Casing head gas . Condensate . . RECEIVED JUL 1 0 1964 o. c. c. ARTESIA, OFFICE Remarks Completed as a pumping oil well 7-6-64. The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. 8th. day of. July Executed this the. OIL CONSERVATION COMMISSION ORIGINAL SIGNED BY H. J. LEDBETTER Approved by Title District Superintendent Company Title GEL AMA BAR IMBRECTM Newmont Oil Company Address Date JUL 1 0 1964 Rowley Building, Artesia, New Mexico

## NEW MEXICO OIL CONSERVATION COMMISSION

P. O. DRAWER DD

TENTH & DALLAS STREETS
ARTESIA, NEW MEXICO

July, 1966

No. 33

#### SUPPLEMENT TO THE OIL PRORATION SCHEDULE

PURPOSE:		MARKET CHECK WALL	F 1	* .
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\$11-M, 34-16-30, Square Lake Pool.

is hereby assigned to the Bonnet Oil Congany, Leonard

ma/j-

DATE

OIL CONSERVATION COMMISSION

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