

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

HOBBS REQUEST FOR (OIL) - (OIL) 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Roswell, New Mexico

(Place)

June 18, 1956

(Date)

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

LEONARD OIL COMPANY State **2-19714**, Santa Fe #3, Well No. **3**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
B ✓, Sec. **22**, T. **17S**, R. **29E**, NMPM, **Grayburg-Jackson** Pool
(Unit)

Bddy

County. Date Spudded **4-18-56**, Date Completed **6-17-56**

Please indicate location:

		0	

Elevation **3564** Total Depth **3273**, P.B. **2777**Top oil/gas pay **2632** Name of Prod. Form **Grayburg-Jackson**Casing Perforations: **2632-2656 & 2728-2752** orDepth to Casing shoe of Prod. String **3273**

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot **66** BOPDBased on **22** bbls. Oil in **8** Hrs. Mins.Gas Well Potential **Too small to measure.**Size choke in inches **1"**Date first oil run to tanks or gas to Transmission system: **June 17, 1956.**Transporter taking Oil or Gas: **Texas-New Mexico Pipe Line Co.**

Casing and Cementing Record

Size Feet Sax

8-5/8	448	90
5-1/2	3273	200
2-3/8	2632	

Remarks:

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: **H. G. Johnson**

Title _____

LEONARD OIL COMPANY

(Company or Operator)

By: **Robert J. Leonard**

(Signature)

Title: **Robert J. Leonard, President**

Send Communications regarding well to:

Name _____

Address _____