		<u> </u>	V
NO. OF CUPTED RECEIVED 5	- -		
DISTRIBUTION		INSERVATION COMMISSION	Form C=104 Supersedes Old C+104 and C+11
SANTA FE	REQUEST F		
F;LE		AND NSPORT OIL AND NATURAL	GAS CF.
LAND OFFICE	AGTHORIZATION TO THOS		OCT 1 1 1955
RANSPORTER - DIL		0	OCT,
GAS	-	ť	n ¹ 1955
CPERATOR			ARTER C. P
PRORATION OFFICE	/		ARTEBIA, OFFICE
Tenneco Oil Company			E
Auroso DO Por 1021 MEAL	and Terres		
P.O. Box 1031, Midl Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	Change name of	lease from
iv-completion	Oil Dry Gas Casinghead Gas Condens		-65
Jhange in Ownership X			
If change of ownership give name	Leonard Oil Company, 10th	Floor Security Life B	lâg.,Roswell, New Mexico
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pocl Nam	e, Including Formation	Kind of Lease
Leape Name State N		urg Jackson (Q.G. SA.)	State, Federal or Fee State
Location			
Unit Letter <u>B</u> ; <u>66</u>	0Feet From The <u>north</u> Line	e and <u>1980</u> Feet From	n The east
		O F , NMPM,	Edd y County
Line of Section 27 , To	wnship <u>17 S</u> Range	29 E , NMPM,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	roved copy of this form is to be sent;
Name of Authorized Transporter of Oi	X or Condensate		
Texas New Mexico Pi	pe Line Co. singhead Gas X or Dry Gas	Box 1510, Midland Address (Give address to which app	, IEXUS proved copy of this form is to be sent;
Gas TSTM is being v	· <u> </u>		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas detaint commenter	When .
give location of tanks.	L 27 17S 29E	no	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deeper.	Plug Back Same Restv. Diff. Restv
Designate Type of Completi			P.B.T.D.
Date Spuadea	Date Compl. herdy to Prod.	Total Depth	
	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
i Fool			
Ferforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NULE SIZE			
		·	
	COD ATTOW: TE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allo
TEST DATA AND REQUEST I	able for this de	epth or be for full 24 hours)	
Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas	
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MOF
		·	
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tenting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			VATION COMMISSION
. CERTIFICATE OF COMPLIA	NCE		
· · · · · · · · · · · · · · · · · · ·	d regulations of the Oil Conservation	APPROVED OCT 1 3 19	65 , 19
	with and that the information given	mpa. I	
above is true and complete to t	he best of my knowledge and belief.		4
AOO	Λ	TITLE State Labor Of the state	
IPD N	XL	This form is to be filed	in compliance with RULE 1104.
XLASA	R. I. Leggett	in man, thus for must be accor	Nowable for a newly drilled or deepen mpanied by a tabulation of the deviati
District Office Super	_{gnature}) Visor	tests taken on the well in ac	scordance with ROLE 1111
		All section of this form	must be filled out completely for allo

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October 1, 1965

(Date)

(Title)

All sections of this form must be filled out completely for allowable on new and completed wells.
Fill out receivers I, II, III, and VI only for changes of owner, well name or many er, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.