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FILE	•	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
U.S.G.S.	AUTHORIZATIC	ON TO TRA	NSPORT OIL AND NA	TURAL GAS	25-	
LAND OFFICE			_		· CEIN	
TRANSPORTER GAS	· · · · · · · · · · · · · · · · · · ·		P		, VED	
OPERATOR			,		OCT 1 1 1965	
PRORATION OFFICE					D 1965	
Tenneco Oil Compar	ly V			44	C. C. C. RTEBIA, OFFICE	
Adaresus						
P.O. Box 1031, Mi Reason(s) for filing <i>(Check proper</i>	dland, Texas					
New Well	Change in Transporte	er of:	Other (Please ex.		~	
Recompletion	Oil	Dry Gas		e of lease 66	I rom	
Change in Ownership $\underline{X}$	Casinghead Gas	Condens	Effective	1 <b>0-1-</b> 65		
If change of ownership give nam	<sup>ve</sup> Leonard Oil Comm	nn IAth				
If change of ownership give nam and address of previous owner_		ily, 100ff	Floor Security 1	Life Bldg.,F	Coswell, New Mexico	
DESCRIPTION OF WELL AN	ND LEASE					
Lease Nome			e, Including Formation		of Lease	
State I Location	12	Graybu	irg Jackson (Q.G.	Sa. State,	Federal or Fee State	
Unit Letter_K;;;;;;;	1650 Feet From The SOIL	th Inc	and 0210 E	loot Frank miles		
	-	LUII Line	and <u>2310</u> F	eet From The	vest	
Line of Section 22 ,	Township 17 S	Range 29	E, NMPM,	Eddy	County	
DESIGNATION OF TRANSPO	ANTER OF OUT ANT MAT	CIDAT CAS				
Name of Authorized Transporter of	Oil K or Condensate	DIAL GAS	Address (Give address to w)	hich approved copy	of this form is to be sent,	
Texas New Mexico Pipe	e Line Co.		Box 1510 Midland	l. Texas		
Name of Authorized Transporter of Casinghead Gas 🕱 or Dry Gas 🗌 Phillips Petroleum Co.			Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Twp.	Rge.	Room B-2 Phillip Is gas actually connected?	<u>os Bldg., Od</u>	lessa, Texas	
give location of tanks.			ves	3-19		
If this production is commingled			· · · · · · · · · · · · · · · · · · ·		100	
COMPLETION DATA	Oil Well			eepen Plug B		
Designate Type of Comple	etion - (X)			eeben Piug B	ack Same Res'v. Diff. Res'	
Date Spudded	Date Compl. Ready to Proc	d. '	Fotal Depth	P.B.T.	.D.	
Pool	issue of Producing Format					
	I the of Producing Format:	ion	Fop Oil/Gas Pay	Tubing	f Depth	
Perforations				Depth	Casing Shoe	
HOLE SIZE	TUBING, CA CASING & TUBING		CEMENTING RECORD			
		5120	DEPTH SET		SACKS CEMENT	
TECT DATA AND DEOLIDET		i.				
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Tes able	st must be afte e for this dept/	r recovery of total volume of 1 or be for full 24 hours)	load oil and must	be equal to or exceed top allo:	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pun	np, gas lift, etc.)	······································	
Length of Test	Tubing Pressure					
longin of fobr	. uping riessure		Casing Pressure	Choke .	Size	
Actual Prod. During Test	Oil-Bbis.	N I	ater-Bbls.	Gas - M	0F	
			·····			
GAS WELL				_		
Actual Prod. Test-MCF/D	Length of Test	В	bls. Condensate/MMCF	Gravity	of Condensate	
				,	or oundensule	
Testing Method (pitot, back pr.)	Tubing Pressure	С	asing Pressure	Choke S	Size	
CERTIFICATE OF COMPLIA	NCE		OIL CONS	SERVATION C	COMMISSION	
I hereby certify that the rules and	d regulations of the Oil Con		APPROVED OCT 1	3 1965	, 19	
Commission have been complied above is true and complete to t	with and that the informati	ion given !!	Mr Mr Maria	Imma	·	
	Λ -	a boner.		<del>rung</del> F		
$\Lambda D D$		-	FITLE <u>32 200 908</u> ;	DGFESSIY.		
VLLac	R T Torret		This form to be fi	iled in complianc	e with RULE 1104.	
- A' V'Ye'	nature) R. L. Legget		If this is a request f well, this form must be a	or allowable for ocompanied by a	a newly drilled or deepened (tabulation of the deviation	
District Office Super	visor		tests taken on the well i	n accordance wi	th RULE 111.	
	l'ille)		All sections of this : able on new and sompl		ed out completely for allow-	
October 1, 1965	Date)		Fill out S cions I,	II, III, and VI	only for changes of owner,	
( )	····/		wen name of number, or tr	ansporter, or othe	er such change of condition.	

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Fill out S ctions I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.