NUMBER OF COPIES RECEIVED DISTRIBUTION 5 ANTA FF / /		CATE OF COM	AFE,	NEW ME		FORM C-11 (Rev. 7-60)	0
	FILE THE OF	RIGINAL AND 4 CO	OPIES	VITH THE	APPROPRIATE OFFI	ICE	
Company or Operator LEONARD OIL COMPANY					STATE B-255 Well No.		
Unit Letter Section	Township	· · · · · · · · · · · · · · · · · · ·			County Eddy		
Pool		~	75		Kind of Lease (State, Fed	l,Fee)	
Grayburg-Ja		Unit Letter Cent	a <b>n</b>	Section	State Township	Range	
If well produces oil or condensate give location of tanks		SE4		28	175	29E	
Authorized transporter of oil 🔀 o Texas New Mex	r condensate 🗌 tico Pipeline (	Company	Addres	s (give add	ress to which approved co	py of this form is to be sent)	
	ls Gas Ac	tually Connected	d?Y	es	No		
Authorized transporter of casing head gas a or dry gas Date Connected 3-1960				Address (give address to which approved copy of this form is to be sent) Bartlesville, Okla.			
Change in Oil	Transporter (check one Dry g head gas . Conc	e) Gas	Chan Other		rship	EIVED N 6 1964 D. G. C. RTESIA, OFFICE	
					AF	D. C. C. RTESIA, OFFICE	
Remark s							
The undersigned certifies that	the Rules and Regula	tions of the Oil Co	nserva	ion Comm	ission have been comp	lied with.	
Execu	ted this the	day of			, 19		
l	VATION COMMISSION		By		FOYLE	AL SIGNED BY Relix Al manager:	÷.
Approved by ML (14)	instrong_		Title		l Manager		
SIL AED GAS INSPEC	TOR			LEONAR	D OIL COMPANY		
Date (1111 (11264			Address P.O. BOX 400- ROSWELL, N.M.				