

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

JAN 4 1960 (Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE ☐ O. G. C. New Well
ARTESIA, OFFICE ☐ 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.

Roswell, New Mexico

December 31, 1959

(Place)

(Date)

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

Leonard Oil Company
(Company or Operator)

State X-2715

Well No. 2, in SE 1/4 NW 1/4,

F, Sec. 5

T. 18S

(Lease)
28E

Empire Abo (Undesig.)

Unit Letter

Eddy

County. Date Spudded 11-28-59

Date Drilling Completed 12-30-59

Please indicate location:

Elevation 3657 Total Depth 6265 PBD 6262

Top Oil/Gas Pay 6110 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 6220-6245

Open Hole _____ Depth _____ Casing Shoe 6265 Depth _____ Tubing 6045

OIL WELL TEST -

Natural Prod. Test: 25 bbls. oil, 0 bbls water in 2 hrs, _____ min. Choke Size 16/64
During DST #2 6215-6265

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 66 bbls. oil, 0 bbls water in 6 hrs, 0 min. Choke Size 16/64

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 150 gals MCA

Casing _____ Tubing _____ Date first new _____
Press. Packer Press. 500 oil run to tanks 12/30/59

Oil Transporter Service Pipeline Company

Gas Transporter _____

Remarks:

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

Approved JAN 4 1960, 19____

LEONARD OIL COMPANY
(Company or Operator)

By: [Signature]
(Signature)

Title General Manager

Send Communications regarding well to:

Name LEONARD OIL COMPANY

Address P.O. BOX 708- ROSWELL, NEW MEXICO

OIL CONSERVATION COMMISSION

By: [Signature]

Title OIL AND GAS INSPECTOR

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	959	370
5 1/2	6265	150
2 3/8	6045	

OIL CONSERVATION COMMISSION
 ALBUQUERQUE DISTRICT OFFICE

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