		,		
DISTRIBUTION		12		
			Ī	
SANTA FE		ŧ		
FILE				
U.S.G.S.			Ι	
LAND OFFICE	<u> </u>			
IRANSPORTER	OIL			
	GAS			
OPERATOR		V		
PRORATION OFFICE				
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G		Effective 1-1-65	
	LAND OFFICE	ASTRONIZATION TO THE			
	TRANSPORTER GAS	V	, i	ECEIVED	
	OPERATOR			JUN 1 9 1973	
1.	Operator			0014 1 7 19/3	
	Herman J. Ledbetter			0, c, c,	
	P. 0. Box 426 Arte	sia, New Mexico 88210	•	ARTESIA, OFFICE	
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil Dry Ga	S Change of op	Maratar	
	Change in Ownership	Casinghead Gas Conder	— ·	eracu:	
	If change of ownership give name and address of previous owner	Bavid C. Collier Box	798 Artesia, New Me	exico 88210	
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fi	ormation Kind of Leas	e Lease No.	
	Leonard State	1 Turkey Track (· · · · · · · · · · · · · · · · · · ·	plor Fee State 8-7717	
	Unit Letter 0; 330	Feet From The South Lin	e and 1650 Feet From	The East	
	Line of Section Tov	vnship 195 Range 2	19E , NMPM, Eddy	County	
				County	
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which appro	oved copy of this form is to be sent)	
!	Menany an manfainhaigh coann am		MXX FYMAHMANK MXAANKOOX X X		
	Name of Authorized Transporter of Cas Water Injection Well	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
	give location of tanks.	0 1 195 29€	No		
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,			
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievations (Dr, RRB, RI, GR, etc.,	Name of Producing Connactor	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		OD ATTOWARTE OF THE STATE OF TH			
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) A part of this depth or be for full 24 hours.				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
.	CERTIFICATE OF COMPLIAN	CF.	OIL CONSERVA	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUN 1 9 1973 . 19		
			BY W. C. Che Agrassian		
			TITLE OIL AND GAS INSPECTOR		
	Il XI OCH		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
•	John Man	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	Operator (Ti	J.,)			
	6-15-73	ne)			
		ute)	well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply		