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U.S.G.S.				
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	./_		
	GAS			
OPERATOR		2		
PRORATION OFFICE				

6-15-73

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
}	FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G		AS	
ł	LAND OFFICE	AUTHORIZATION TO TRAN	ASFORT OIL AND NATURAL G	NO RECEIVED	
ľ	TRANSPORTER OIL /		1		
	GAS	\sqrt{c}	. 	JUN 1 9 1973	
	PROPATION OFFICE				
1.	Operator			. D. C. C.	
	Herman J. Ledbetter			ARTESIA, OFFICE	
	P. O. Box 426 Artes	sia, New Mexico 88210			
	Reason(s) for filing (Check proper box)	ita, New Maxico Court	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	= Change of open	ator	
	If change of ownership give name and address of previous owner	David C. Collier Box	798 Artesia, New Hex	1co 88210	
	PERCENTAGE OF WELL AND I	LEASE			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		-	
	Leonard State	4 Turkey Track	Queen East State, Federa	or Fee State B-7717	
	Location 1 1650	Feet From The South Line	and 330 Feet From	The East	
	Unit Letter;	Feet From The Line	and reet rom	The South	
	Line of Section Tow	vnship 195 Range 2	9E , NMPM, Edd	y County	
	PERSONATION OF TRANSPORT	PED OF OH AND NATURAL GAS	S		
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give dadress to which appro		
	NAMES AND A STANDARD OF STANDARD AND STANDAR		Address (Give address to which appro		
	Name of Authorized Transporter of Cas Water Injection Well	singhead Gas or Dry Gas	Address in the dairess to which appro	bea copy of this form is to do done,	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen	
	If well produces oil or liquids, give location of tanks.	0 1 198 29E	He		
	If this production is commingled with	th that from any other lease or pool, g	give commingling order number:	· · · · · · · · · · · · · · · · · · ·	
IV.	COMPLETION DATA	O	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completic	l		P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations			Sopin Samy and	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V		OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	Actual Prod. During Test	Oil-Bhls.	Water-Bbls.	Gas-MCF	
	CAC WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Sauc-In)			
1 /2	CERTIFICATE OF COMPLIAN	ice		ATION COMMISSION	
JUN 19 19/3		9/3			
	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. (Signature)		APPROVED		
			BY		
			TITLE DIL AND GAS INSPECTOR		
			This form is to be filed in compliance with RULE 1104.		
			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation		
			Il table taken on the Well In accordance with house		
Operator		All sections of this form must be filled out completely for allow-			

Fill out only Sections I, II, III, and VI 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