

OIL CONSERVATION DIVISION  
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P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 24 1982

REQUEST FOR ALLOWABLE  
AND

O. C. D. ARTESIA DIVISION  
ARTESIA DIVISION TO TRANSPORT OIL AND NATURAL GAS

|                        |            |
|------------------------|------------|
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| SANTA FE               |            |
| FILE                   |            |
| W.D.S.                 |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION OFFICE      |            |

Operator J. Cleo Thompson

Address 4500 Republic Bank Tower, Dallas, Texas 75201

|   |                                     |
|---|-------------------------------------|
| Reason(s) for filing (Check proper box)                 | Other (Please explain)              |
| New Well <input type="checkbox"/>                       |                                     |
| Recompletion <input type="checkbox"/>                   |                                     |
| Change in Ownership <input checked="" type="checkbox"/> |                                     |
| Change in Transporter of:                               |                                     |
| Oil <input type="checkbox"/>                            | Dry Gas <input type="checkbox"/>    |
| Casinghead Gas <input type="checkbox"/>                 | Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

|                                  |   |   |  |           |
|----------------------------------|---|---|--|-----------|
| Lease Name<br><u>Leonard "E"</u> | Well No.<br><u>5</u>  | Pool Name, Including Formation<br><u>Square Lake G SA</u> | Kind of Lease<br>State, Federal or Fee <u>FED LC060325</u> | Lease No. |
| Location                         |   |   |  |           |
| Unit Letter <u>C</u>             | <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u> |   |  |           |
| Line of Section <u>4</u>         | Township <u>17</u>  | Range <u>30</u>   | , NMPM, <u>Eddy</u> County                                 |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| <u>Navajo Refining Co., Pipeline Division</u>  | <u>North Freeman, Artesia, New Mexico</u>                                |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
|  |  |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  |  |      |      |      | <u>NO</u>                  |      |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

|                                    |                             |                 |          |          |                   |           |             |             |
|------------------------------------|-----------------------------|-----------------|----------|----------|-------------------|-----------|-------------|-------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res'v |
| <u>(X)</u>                         |                             |                 |          |          |                   |           |             |             |
| 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      |           |             |             |
| Perforations                       |                             |                 |          |          | Depth Casing Shoe |           |             |             |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, 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/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. Casareddy  
(Signature)  
Agent  
7-7-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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

OIL CONSERVATION DIVISION

RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 24 1982

O. C. D. REQUEST FOR ALLOWABLE  
AND  
AMENDMENT TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
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| U.S.D.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

Operator J. Cleo Thompson

Address 4500 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |  |
|---------------------|-------------------------------------|---------------------------|--|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |  |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

|                            |  |  |   |           |
|----------------------------|--|--|---|-----------|
| Lease Name<br><u>Exxon</u> | Well No.<br><u>3</u>   | Pool Name, including Formation<br><u>Exxon</u> | Kind of Lease<br>State, Federal or Fee <u>LEASE</u> | Lease No. |
| Location                   |  |  |   |           |
| Unit Letter <u>C</u>       | Feet From The <u>11</u> Line and <u>1500</u> Feet From The <u>11</u> |  |   |           |
| Line of Section <u>6</u>   | Township <u>17</u>   | Range <u>30</u>                                | NMPM, <u>Eddy</u>                                   | County    |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Navajo Refining Co., Pipeline Division</u>  | <u>North Freeman, Artesia, New Mexico</u>                                |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
|  |  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. is gas actually connected? When                      |
|  | No   |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

|                                    |                             |                 |              |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| <u>(X)</u>                         |                             |                 |              |          |        |           |             |              |
| 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 |          |        |           |             |              |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. Cleo Thompson  
(Signature)  
Agent  
(Title)  
7-7-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 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.  
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 multiple completed wells.

OIL CONSERVATION DIVISION  
RECEIVED P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

AUG 24 1982

REQUEST FOR ALLOWABLE  
AND  
APPROPRIATE PERMISSION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
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| SANTA FE               |             |
| FILE                   |             |
| U.S.D.S.               |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION OFFICE      |             |

Operator J. Cleo Thompson

Address 4500 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |  |
|---------------------|-------------------------------------|---------------------------|--|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |  |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

|                 |  |                                |  |           |
|-----------------|--|--------------------------------|--|-----------|
| Lease Name      | Well No.   | Pool Name, Including Formation | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location        | Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____ |                                |  |           |
| Line of Section | Township <u>37</u>   | Range <u>12</u>                | NMPM, <u>Eddy</u>                      | County    |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Navajo Refining Co., Pipeline Division</u>  | <u>North Freeman, Artesia, New Mexico</u>                                |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
|  |  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | No   |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

|                                    |                             |                 |              |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 |          |        |           |             |              |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, 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 (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. Cleo Thompson  
(Signature)

Agent \_\_\_\_\_  
(Title)

7-7-82 \_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 deviate 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. 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 multiple completed wells.

OIL CONSERVATION DIVISION

RECEIVED P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 24 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |   |
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| SANTA FE               |   |
| FILE                   |   |
| U.S.D.S.               |   |
| LAND OFFICE            |   |
| TRANSPORTER            | OIL <input type="checkbox"/> GAS <input type="checkbox"/> |
| OPERATOR               |   |
| PROMOTION OFFICE       |   |

Operator J. Cleo Thompson

Address 4500 Republic Bank Tower, Dallas, Texas 75201

|   |   |
|---|---|
| Reason(s) for filing (Check proper box)                 | Other (Please explain)  |
| New Well <input type="checkbox"/>                       | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>                   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>             |
| Change in Ownership <input checked="" type="checkbox"/> |   |

If change of ownership give name and address of previous owner Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

|                 |               |                                |  |           |
|-----------------|---------------|--------------------------------|--|-----------|
| Lease Name      | Well No.      | Pool Name, including Formation | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location        |               |                                |  |           |
| Unit Letter     | Feet From The | Line and                       | Feet From The                          |           |
| Line of Section | Township      | Range                          | NMPM, <u>Eddy</u>                      | County    |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| <u>Navajo Refining Co., Pipeline Division</u>  | <u>North Freeman, Artesia, New Mexico</u>                                |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
|  |  |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  |  |      |      |      | No                         |      |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|                                    |                             |                 |                   |          |        |           |             |              |
| 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      |          |        |           |             |              |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. L. Cannada  
(Signature)  
Agent  
(Title)  
7-7-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 tests taken on the well in accordance with RULE 111.  
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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 multiphase completed wells.

**OIL CONSERVATION DIVISION**

RECEIVED  
 P. O. BOX 7088  
 SANTA FE, NEW MEXICO 87501  
 AUG 24 1982

**O. C. REQUEST FOR ALLOWABLE  
 AND  
 ARTESIA OFFICE  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

|                       |     |
|-----------------------|-----|
| NO. OF COPIES DESIRED |     |
| DISTRIBUTION          |     |
| DATE                  |     |
| FILE                  |     |
| U.S.U.                |     |
| LAND OFFICE           |     |
| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATION             |     |
| PRODUCTION OFFICE     |     |

Operator J. Cleo Thompson

Address 4500 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

If change of ownership give name and address of previous owner Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

**DESCRIPTION OF WELL AND LEASE**

|   |                      |   |  |         |
|---|----------------------|---|--|---------|
| Lease Name<br><u>Leonard "E"</u>  | Well No.<br><u>5</u> | Pool Name, including Formation<br><u>Square Lake G SA</u> | Kind of Lease<br>State, Federal or Fee <u>FED LC060325</u> | Lease N |
| Location<br>Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u><br>Line of Section <u>4</u> Township <u>17</u> Range <u>30</u> NMPM, <u>Eddy</u> Count |                      |   |  |         |

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Navajo Refining Co., Pipeline Division</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>North Freeman, Artesia, New Mexico</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>   | Address (Give address to which approved copy of this form is to be sent)  |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When<br><u>No</u>  |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

|                                    |                             |                 |              |          |        |           |             |            |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Some Res'v. | Diff. Res' |
| 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 |          |        |           |             |            |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |            |

**TUBING, CASING, AND CEMENTING RECORD**

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, 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/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Chris Barnady  
 Agent  
 7-7-82

**OIL CONSERVATION DIVISION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit