NEW ... LXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

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 allowvill be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar apletion date shall be that date in the case of an oil well when new oil is deliv.

(Fine (Fine WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Lectrard 011 Company or operands H Company or operand H Company or	we AR	E HEREE	Compan	ESTING	AN ALLOWABLE I tate E-1819	FOR A WEEL	No	, in I ona ted	1/4	(Date) NE
Please indicate location: Elevation 2793 Name of Prod. Form. CHRYDURG D C B A Top 011/Gas Pay. 2793 Name of Prod. Form. CHRYDURG D C B A Productions 2783-95 2820-32 D Casting Stoe 2860 Depth Depth Depth Depth 2860 Tuking 2800 D I K J I Natural Prod. Test: A bbls.oil. bbls water in		(Company	or Operator	6	18, T, R	29 NMPN	1 .,		4	-5-58
Please indicate location Top Oil/Gas Pay_2793 Name of Prod. Form. Creating Control Form. Creating Contrelating Content Fort. Form. Creating Control Form. Creat		n Letter Taan	., Sec		County, Date Spudde	2-27-58	Date T	2868 Con	PBTD_28	60
Image: State Stat		Please ind	icate locat	ion:	Elevation 3447 Top Oil/Gas Pay 279	13	Name of Prod.	Form	Grayburg	
I K J I Netural Prod. Test: 3 gals. oil per hour bbls water inbrs,min. N N O P Netural Prod. Test: bbls.oil,bbls water in24 hrs,min. Size N N O P Delt well TEST - Network of resture Treatment (after recovery of volume of oil equal to volut one of oil od oil used): _50 bbls.oil,bbls water in _24 hrs,min. Size OAS WELL TEST - Natural Prod. Test:	D	C	В	A	PRODUCING INTERVAL -	-95	2820-32	2860	Depth	
M N O P Ioad oil used): 50 bbls.oll; bbls.water in 24 hrs, min. Size Ioad oil used): 50 bbls.oll; bbls.water in 24 hrs, min. Size Sire Feet Sar Method of Testing (pitot, back pressure, etc.): MCF/Day; Hours flowed	E	F	G	H	Open Hole	0	Casing Shoe			Choke min. Size_
M 0 P load oil used): bbls,011,	L	K	J	I	Natural Prod. Test:	bbls.of	nt (after recov	very of volu	me of oil equ 24 hrs,	al to volume of Choke 3 min. Size3
Building Scasing and Communications Record Method of Testing (pitot, back pression of the store) MCF/Day: Hours flowed	M	N	0	Р	load oil used):	bbls.011,				
5 1/2 2860 100 sand): 30,000 gats out Date first new		Size	Feet		Test After Acid or Choke Size	Fracture Treatm	ting:	νν	CF/Day; Hours	flowed
Cil Transporter Gas Transporter Gas Transporter Gas Transporter Gas Transporter Gas Transporter Gas Transporter I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. By:		5 1/2	2860	100	30,000	BATS OTT	Date first new	4.0	17-58	
Remarks: I hereby certify that the information given above is true and complete to the best of my knowledge. I hereby certify that the information given above is true and complete to the best of my knowledge. IEONARD OIL COMPANY Approved. OIL CONSERVATION COMMISSION By: Mc Company or Operator) By: Mc Company or Operator) Title Robert J. Leonard, President Title Send Communications regarding well to Send Communications regarding well to		2 3/8	2800		Oil Transporter		Refineries	, Inc.		
Approved	R	emarks:							v knowledge.	
By: ML Orservation COMMISSION By: ML Orservations regarding well to By: ML Orservations regarding well to End Communications regarding well to End Communications regarding well to		I here	by certify AF	that the R 2 3	information given abo 1958	ve is true and , 19	complete to the LEONARD O	IL COMPA	NY y or Operator)	
By: BY: LEONARD OIL COMPANY				ervat	ION COMMISSION	B <u>y</u> T	itleSend	t J. Leon Communica	tions regardi	ing well to:
Title Name Name Name Name Name Name Name New Met	-	By:	IL AND G	5 (15FE	5103	-	NameBo	ARD OIL	COMPANY	



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April 21, 1958

Leonard Oil Company P. O. Box 708 Roswell, New Mexico

Dear Sir:

This will acknowledge receipt of forms C-104, C-110, C-105, C-103, on your State E-1819, #1 Unit H, Sec. 36-185-29E.

Inclosed you will find form C-110. Please give the present disposition of the gas and return to this office as soon as possible

Yours very touly,

OIL CONSERVATION COMMISSION

M. L. Armstrong, Supervisor, District No. 2

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NEW MEXICO OIL CONSERVATION CO SANTA FE, NEW MEXICO	
(File the original and 4 copies with the appropri-	ate district office)
CERTIFICATE OF COMPLIANCE AND AU TO TRANSPORT OIL AND NATURA	
Company or Operator LEONARD OIL COMPANY	Lease E-1819
Well No. 1 Unit Letter H S 36 T 18 R 29	Pool_Undesignated
County Eddy Kind of Lease (State, Fed	. or Patented) State
If well produces oil or condensate, give location of tanks	:Unit H S 36 T 18 R 29
Authorized Transporter of Oil or Condensate Malco Ref	
Address <u>(Give address to which approved copy of this</u>	form is to be sent)
Authorized Transporter of Gas	
Address	
(Give address to which approved copy of this lf Gas is not being sold, give reasons and also explain its	
Gas being flared. No pipeline connecti	on
Reasons for Filing: (Please check proper box) New We	×11XX)
Change in Transporter of (Check One): Oil () Dry Gas	() C'head () Condensate ()
Change in Ownership() Other	
Remarks:	Give explanation below)
The undersigned certifies that the Rules and Regulations mission have been complied with.	of the Oil Conservation Com-

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Executed this	the 18 day of	April	19 58
			By_ Pale Juman
Approved	APR 2 3 1959	19	Title Robert J. Leonard, President
OIL CO	NSERVATION CO	MMISSION	Company Leonard Oil Company
By ML	amstrong		Address Box 708 - Roswell, New Mexico
Title	U GAS INSPECTOR		

