

NO. OF COPIES RECEIVED _____
DISTRIBUTION _____
SANTA FE _____
FILE _____
COUNTY _____
LAND OFFICE _____
TRANSPORTER ☐ OIL
GAS
OPERATOR _____
REGISTRATION OFFICE _____

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 7-1, 74
Supersedes Old C-104 and C-11
Effective 1-1-75

I. Crown Central Petroleum Corporation
4000 N. Big Spring, Suite 213, Midland, TX 79705
Reason(s) for filing (Check proper box) _____ Other (Please explain) _____
New Well ☐ Change in Transporter of: _____
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Gas/Gasless Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Leonard Well No. 2 Pool Name, Including Formation West Nadine (Blinebry) Kind of Lease _____
Location _____ State, Federal or Fee Fee
Unit Letter B 990 Feet from Tree North Line mi 2310 Feet from Tree East
Range 7 Township 20S Range 38E Section 38E Lea _____ County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of ☒ Oil ☐ Gas ☐ Dry Gas _____ Address (Give address to which approved copy of this form is to be sent) _____
Pride Pipeline Company P.O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Gas/Gasless Gas ☐ or Dry Gas _____ Address (Give address to which approved copy of this form is to be sent) _____
Lejac, Inc. Prod. Inc.
If well produces oil or liquids, give location of tanks. Unit B Sec. 7 Twp. 20S Rge. 38E Is gas actually connected? Yes When 4/86

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Party, Diff. Party
Rate Specified	Rate Compl. Ready to Prod.	Total Depth	F.U.T.D.				
Flow	Name of Producing Formation	Top Oil, Gas Pay	Timing Depth				
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. 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)

Test Date Nov 11, 1986 Test Type Flow Flowing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Casing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Prod. _____ Water-Prod. _____ Gas-MCF _____

GAS WELL

Actual Prod. Test-MCF _____ Length of Test _____ Hls. Condensate-MCF _____ Gravity of Condensate _____
Flowing Method (pilot, back pr.) _____ Timing Pressure _____ Casing Pressure _____ Choke Size _____

VI. CERTIFICATE OF COMPLIANCE

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.

K.K. Kirby
(Signature)
Petroleum Engineer
November 11, 1986

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1986, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
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 Sections I, II, III, and VI only 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