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OPERATOR	
PRORATION OFFICE	

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

Form O-104  
Supersedes Old O-104 and O-11  
Effective 1-1-85

I.

Crown Central Petroleum Corporation	
Address 4000 N. Big Spring, Suite 213, Midland, Texas 79705	
Reason(s) for filing (check proper box)	
New Well <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"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FILED AFTER 4-1-86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>	
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 State, Federal or Fee Fee
Location Unit Letter B, 990 Feet From The North Line and 2310 Feet From The East Line of Section 7, Township 20S, Range 38E, NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, New Mexico 88265		
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twp. 20S
		Rge. 38E	Is gas actually connected? No
			When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/22/85	Date Compl. Ready to Prod. 1/30/86	Total Depth 7507	P.B.T.D. 7458					
Pool West Nadine	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5873	Tubing Depth 6233					
Perforations 5873 - 5929			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 24	CASING & TUBING SIZE 13-3/8	DEPTH SET 30	SACKS CEMENT -					
12-1/4	8-5/8	1528	790					
7-7/8	5-1/2	7507	1470					
	2-3/8	6233	-					

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)

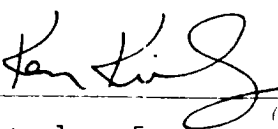
Date First New Oil Run To Tanks 1/31/86	Date of Test 2/9/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 140	Casing Pressure 20	Choke Size -
Actual Prod. During Test 158	Oil - Bbls. 157	Water - Bbls. 1	Gas - MCF 184

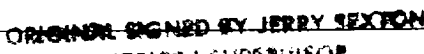
GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing 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  
Petroleum Engineer  
February 10, 1986

OIL CONSERVATION COMMISSION  
APPROVED FEB 14 1986  
BY   
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.