Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

A								ell API No.	Pl No.		
A								30-025-1197	-025-11972		
Address c/o Oil Reports & Gas	Servic	es, In	nc., P	.0. Bo	x 755, I	lobbs, N	M 882	41			
Reason(s) for Filing (Check proper box)						s (Please expla		1.7			
New Well		Change in	Transport	er of:							
Recompletion Oil Dry Gas Effective August									•		
Change in Operator	Casinghea	C	Condensa	ite 🗌 ·							
If change of operator give name and address of previous operator Dw	ight A.	Tipto	n, P.	O. Box	755, He	obbs, NM	8824]				
II. DESCRIPTION OF WELL	AND LEA	ASE						ind of Lease	Lease No.		
Lease Name Leonard Federal		Well No.			ng Formation nard Queen			Me, Federal OCROC	NM-7951		
Location							<del></del>				
Unit Letter K	: 165	0	Feet From	n The <u>S</u>	outh Line	and165	0	_ Feet From The $V$	<b>Vest</b> Line		
Section 11 Township 26 S Range 37 E						, NMPM, Lea Courty					
III. DESIGNATION OF TRAN	SPORTE	R OF OI	IL AND	NATU	RAL GAS	address to we	hich anne	wed conv of this for	m is to be sent)		
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251-1183						
Permian Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give	e address to wh	hich appro	oved copy of this for	m is to be sens)		
El Paso Natural Gas Company								aso, Texas	77978		
If well produces oil or liquids, give location of tanks.	Unit	Sec. 11	Twp. 26S	Rge. 1 37E	Is gas actually Yes		Į W	hen? Reconnect	9/1/88		
If this production is commingled with that	1		L	L	ing order numb	рег:					
IV. COMPLETION DATA	·								- horse p		
Designate Type of Completion	- (X)	Oil Well	Ga	as Well	New Well	Workover	Deepe	n Plug Back S	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	Tubing Depth		
Perforations								Depth Casing	Depth Casing Shoe		
				····							
	TUBING, CASING AND							9/	ACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET						
		<u></u>									
V. TEST DATA AND REQUES	T FOR A	ULOW/	ARLE								
OIL WELL (Test must be after r	ecovery of to	otal volume	of load oi	l and musi	be equal to or	exceed top allo	owable for	r this depth or be fo	r full 24 hours.)		
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				·			57			
GAS WELL								6 : 6	-d-poots		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
AN OPEN - MOD CEDIMENC	ATTE OF	COM	OT TA NI		\						
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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 a	nd belief.			Date	Approve	ed		<u> </u>		
Donne Waller							E	<b>(1</b> 162 - 122 - 123	~		
Signature					ByGeologist						
Donna Holler Agent					Title		**************************************				
Printed Name 8/29/90		505-	- <u>393</u> -2	2727	Hitie						
Date			phone No.		11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.