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| SANTA FE | | | | |
| FILE | | | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| IRANSPORTER | OIL | | | |
| | GAS | | | |
| OPERATOR | | | | |
| | | | i | |

| | SANTA FE FILE | | FOR ALLOWABLE AND | Supersedes Old C-104 and C-111 Effective 1-1-65 | | |
|------|--|--|--|--|--|--|
| | U.S.G.S. LAND OFFICE | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL (| GAS | | |
| | TRANSPORTER GAS | | | | | |
| , | PRORATION OFFICE | | | · · · · · · · · · · · · · · · · · · · | | |
| 1. | Operator Tenneco Oil Company | | | | | |
| | 1860 Lincoln St., Suite 1200, Denver, Colorado 80295 | | | | | |
| | Reason(s) for filing (Check proper box) Other (Please explain) Reentry of P & A'd well known before | | | | | |
| | Recompletion Change in Ownership | Oil Dry Gas Casinghead Gas Conden | as the Humble Fo | ederal Leonard #2 | | |
| | If change of ownership give name and address of previous owner | | | | | |
| II. | DESCRIPTION OF WELL AND LI | EASE Well No. Pool Name, Including Fo | R-5609 | e I.aase No. | | |
| | Leonard Bros. | | South State, Federa | Federal Federal | | |
| | Location Unit Letter G : 1974 | Feet From The North Line | and 1976 Feet From | The East | | |
| | Line of Section 13 Town | 265 | | Lea County | | |
| 711 | DESIGNATION OF TRANSPORTE | ER OF OIL AND NATURAL GA | s | | | |
| 111. | Name of Authorized Transporter of Oil Dermian Corporation | Condensate (1)897) | P.O. Box 3119, Midland | , Texas 79701 | | |
| | Name of Authorized Transporter of Casin El Paso Natural Gas Con | ghead Gas XX or Dry Gas | Address (Give oddress to which appro P.O. Box 990, Farmingt | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. P. 13 26S 37E | Is gas actually connected? Wh | | | |
| | give location of tanks. If this production is commingled with | 1 | <u> </u> | | | |
| IV. | If this production is commingled with COMPLETION DATA Was P & | | 1 | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completion | — (X) X Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | 8-11-77 | 9-9-77 | 3713' | 3713 Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Leonard Queen South | Top O11/Gas Pay 3399' | 3564' | | |
| | Perforations Penrose 3480' - 3435' Leonard Queen South 3399' - 3435' | | | | | |
| | remose 3400 3433 | TUBING, CASING, AND | CEMENTING RECORD | SACKS CEMENT | | |
| | HOLE SIZE | CASING & TUBING SIZE | 409' | 400 sacks | | |
| | 17-1/2" | 9-5/8" | 4199' | 4000 sacks | | |
| | 16 1/1 | 2-7/8" | 3564' | | | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) | | | | | |
| | Oll. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| | 9-12-77 Length of Test | 9-17-77 Tubing Pressure | Pumping Casing Pressure | Choke Size | | |
| | 24 hours | 30 O(1-Bb)s. | 30 Water-Bble. | none Gas-MCF | | |
| | Actual Prod. During Test | 11 | 57 | 136 | | |
| | GAS WELL | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choke Size | | |
| VI. | CERTIFICATE OF COMPLIANCE | E | OIL CONSERVA | ATION COMMISSION | | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED | Y/ 19 | | |
| | Commission have been complied wi above is true and complete to the | th and that the information kives. | BY JAN W. | lungan | | |
| | | | TITLE | compliance with RULE 1104. | | |
| | 18 ignature) | | 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 | | | |
| | (Signature) Division Production Manager (Title) 4-33-77 (Date) | | All sections of this form must be filled out completely for allow able on new and recompleted wells. | | | |
| | | | | | | |
| | | | Fill out only Sections I, II, III, and VI for changes of outlook well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply | | | |
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CA COMPANIES, N. M.