	4	•	
NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSI REQUEST FOR	S ALLOWABLE OFF	Supersedes Old C-104 and C-110 Effective 1-1-65
LAND OFFICE U.S.G.S. LAND OFFICE URANSPORTER GAS	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	3 14 M 188
OPERATOR PRORATION OFFICE Operator		CHANGE OF CAMBURDER FEEL AND TERMS PARTY BY A DIVISION OF JOSEPH E. See See See See See See See See See Se	
TEXAS PACIFIC OIL COM	ARE	The second secon	Marine recommends
Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensa	Effective Date 9.	ame from Dublin #1 1-68
If change of ownership give name and address of previous owner	LEASE	mation Kind of Lease	Lease No.
II. DESCRIPTION OF WELL AND Lease Name So. Leonard Unit Trace	4 4 South Leonard	Queen	
Unit Letter ; 60	Feet From The North Line	and Feet From Th	County
Name of Authorized	ne i i ii e	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of C	Unit Sec. Twp. Eqe.	P. O. Box 1492 Bl Parising Street Parising Str	Unknown
If well produces oil or liquids, give location of tanks.	with that from any other lease or pool,	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
IV. COMPLETION DATA Designate Type of Comple	etion - (X)	New Well Workover Deepen Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	Name of Producing 1 China		Depth Casing Shoe
Perforations	TUBING, CASING, A	ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
	The state of the s	a after recovery of total volume of load o	il and must be equal to or exceed top allow
V. TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank	able for this	e after recovery of depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.) Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr	./		EVATION COMMISSION

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.

Original Signed by Sheldon Ward	
(Signature)	
Area Superintendent (Title)	_
9-3-68	

(Date)

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

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TITLE If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviations taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alleable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.