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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.						TURAL G					
Operator							Well	API No.			
United Gas Search, Inc.						30-025-25579					
Address c/o Oil Reports &	Gas Service	s, Inc	., P.	О. В	ox 755,	Hobbs, N	M 88241				
Reason(s) for Filing (Check proper	box)		· · · · · · · · · · · · · · · · · · ·		Oth	ner (Please expl	zin)				
New Well		nange in Tr	•	of:							
Recompletion Change in Operator	Oil Casinghead C		ry Gas ondensate			Effectiv	e Augus	t 1, 1990			
If change of operator give name	·				- Orr 11	- h-h - 107	00017	·			
and address of previous operator _	Dwight A.	lipton	<u>P.U</u>	• RO	<u>х 755, н</u>	ODDS, NM	88241				
II. DESCRIPTION OF WI			1.21	T -1. 4	' P	······································	Viol	of I	Lanca	No.	
Lease Name Leonard Federal	i	Well No. Pool Name, Include 9 South Leo				en		of Lease Lease No. NM-7951			
Location	Ţ						<u> </u>		1,77		
Unit Letter P	: 660	Fe	et From 1	The _S	South Lin	e and <u>66</u>	<u>O</u> Fe	eet From The _E	ast	Line	
Section 14 To	waship 26	S Ra	inge	37	E , N	МРМ,	Lea	_	(County	
					~						
III. DESIGNATION OF T	0.1	OF OIL Condensate		NATU		e address to wh	ich approved	conv of this form	is to be sent)		
Permian 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						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Giv	is to be sent)					
El Paso Natural						P.O. Box 1492, El Pas					
If well produces oil or liquids, give location of tanks.	Unit So			Rge. 37E	Is gas actually Yes		When	? 8/1/88			
If this production is commingled with	that from any other le	_		mmingl	ing order numb	ber:	I				
IV. COMPLETION DATA		·						,			
Designate Type of Comple	tion - (X)				New Well	Workover	Deepen	Plug Back Sai	ne Res'v Dil	ff Res'v	
Date Spudded	Date Compl. R	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			
Perforations					l			Depth Casing Sh	100		
	777.17	W10 0	(1) (0)		OCI (C) ITTI	ic proopi		<u> </u>			
HOLE SIZE	·-···	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
11000 0100											
											
V. TEST DATA AND REQ	UEST FOR ALL	OWABI	Æ					l			
-	fter recovery of total v								ull 24 hours i		
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pur	np, gas lift, ei	(c.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL											
ctual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressur	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIF I hereby certify that the rules and r Division have been complied with is true and complete to the best of	egulations of the Oil (Conservatio on given ab	n					TION DI	VISION		
					Date	Approved			•		
Signature Dalles					ByOrig. Squa						
Donna Holler		Age					∦au ⊹ .Geo	Hautz Diog ist			
Printed Name 8/29/90	4	Tiue 205 –3 9		7	Title_	·	or Marin			 	
0/27/70	· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>, ~(~</u>	<u></u>	1			. ,			

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.