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 at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | BEO | LIEST F | OR AL | LOWA | BLE AND A | AUTHORI | ZATION | | | | |
|--|---|------------------------|--------------------|------------------------|---------------------------------|---------------------------------------|---------------------------------------|-----------------------------|-----------------|---------------|--|
| I. | 1120 | | | | L AND NA | | | | | | |
| Operator Well | | | | | | | | API No. | | | |
| | | | | | | | | - 025 - 25833 | | | |
| Address c/o Oil Reports & Gas | : Servi | ces, I | nc., | P.O. B | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | _ | Oth | er (Please expl | ain) | | | | |
| New Well | | Change in | າ ' | _ | , | D.00 11 | A | | | | |
| Recompletion | Oil | | Dry Ga | | • | Effectiv | e Augus | t 1, 199 | U | | |
| Change in Operator X If change of operator give name | | ad Gas | | | | | | | | | |
| and address of previous operatorUh | | | on, P | .O. Bo | х 755 , Но | obbs, NM | 88241 | | | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kin | | | | | | | Kind | of Lease | L | ease No. | |
| Leonard Federal | nard Queen | | | Federal ox Ret NM-7951 | | | | | | | |
| Location | | | | | | | | | | | |
| Unit LetterN | _ : | 660 | _ Feet Fr | om The | South Line | and 1980 | | eet From The | West | Line | |
| Section 14 Townshi | p 2 | 6 S | Range | 37 | E , NI | MPM, | Lea | | | County | |
| III. DESIGNATION OF TRAN | SPORTE | | | D NATU | RAL GAS | | | | to a character | | |
| Name of Authorized Transporter of Oil | | or Conde | nsate | | Address (Give | e address to w | hich approved | l copy of this fo | orm is lo be si | eni) | |
| None - Injection Well | | | | <u> </u> | Address (Civ. | | hick approved | copy of this fo | orm is to he se | | |
| Name of Authorized Transporter of Casin | ghead Gas | | or Dry | Gas | Address (Give | e agaress to w | nich approved | copy of this jo | m is to be so | 57 4) | |
| If well produces oil or liquids, give location of tanks. | Unit | it Sec. Twp. Rge. Is a | | Is gas actually | Is gas actually connected? When | | 1? | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any ou | her lease or | pool, giv | e comming | ling order numb | per: | | | | | |
| IV. COMILETION DATA | · * · · · · · · · · · · · · · · · · · · | Oil Wel | 1 0 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | | i | | | | İ | <u> </u> | | | |
| Date Spudded | Date Com | pl. Ready to | o Prod. | | Total Depth | | | P.B.T.D. | | , | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | <u></u> | | | ·, · | | · · · · · · · · · · · · · · · · · · · | | Depth Casin | g Shoe | | |
| | | TIRING | CASIN | JG AND | CEMENTIN | NG RECOR | D | 1 | | 1 | |
| HOLE SIZE CASING & TUBING SIZE | | | | | | DEPTH SET | | SACKS CEMENT | | | |
| 1000 010 | | | | | | | | | | | |
| | | | | | | | | ļ | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | ļ | | | |
| V. TEST DATA AND REQUES | T FOR A | MILOW | ARLE | | | | | <u> </u> | | | |
| OIL WELL (Test must be after re | ecovery of to | otal volume | of load o | il and must | be equal to or | exceed top allo | owable for thi | s depth or be f | or full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Te | | | | Producing Me | thod (Flow, pu | ump, gas lift, e | tc.) | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressu | re | | Choke Size | | | |
| | | | | | | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bbis. | | | | Water - Bbls. | | | | | | |
| GAS WELL | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Festing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and to is true and complete to the best of my k | tions of the | Oil Conser | vation | CE | - | | | ATION [| DIVISIO | N | |
| | | | | | Date | Approve | | | · . | | |
| Bonne Joles | | | | | By Paul Knuz | | | | | | |
| Signature Donna Holler | | | Agent | | | | Geolo | gis t | | | |
| Printed Name | | 505 | Title | 7777 | Title | | · · · · · · · · · · · · · · · · · · · | | | | |
| 8/29/90 Date | | | -393-2 phone No | | | | | | | | |

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.