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

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

United Gas Search, Inc. Address	I.		TO TRA	ANSPO	DRT OII	L AND NA	TURAL G		API No.			
Coll Reports & Gas Services, Inc., P.O. Box 755, Nobbs, NM 88241 Readon(s) for Filing (Check proper box)	Operation											
Change in Dry Gas	Address c/o Oil Reports & Gas	s Servi	ces, I	nc., I	P.O. B	ox 755,	Hobbs, N	IM 8824	l			
Lease Name Leonard Brothers Well No. Pool Name, locituding Formation Leonard Green New York	New Well Recompletion Change in Operator			Dry Gas	, 🗀	_			st 1, 199	0		
Lease Name Leonard Brothers Veil No. Pool Name, lectuating Formation Side, Federal CKR NM-7951	If change of operator give name and address of previous operator	vight A	. Tipt	on, P.	.O. Bo	х 755 . Н	obbs, NM	88241				
Lecation Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West 1 Section 14 Township 26 S Range 37 E NMFM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Catanghead Gas Address (Give address to which approved copy of this form is to be seen) Permian Address (Give address to which approved copy of this form is to be seen) Permian P.O. Box 1183, Houston, Texas 77251-1183 Name of Authorized Transporter of Catanghead Gas Or Dry Cas Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Name of Authorized Transporter of Catanghead Gas No or Dry Cas Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Name of Authorized Transporter of Catanghead Gas No or Dry Cas Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be seen) P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this		AND LE	,				······································	12:-	1 -61	 ,	l anna N'o	
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Permian P.O. Box 1183, Houston, Texas 77251-11.83 Name of Authorized Transporter of Casinghead Gas E1 Paso Natural Gas Company If well produces oil or liquids, give location of tanks. N 11 26S 37E If well produces oil or liquids, give location of tanks. N 12 26S 37E If well produces oil or liquids, give location of tanks. N 12 26S 37E If well produces oil or liquids, give location of tanks. N 12 26S 37E If well produces oil or liquids, give location of tanks. N 12 26S 37E If well produces oil or liquids, give location of tanks. N 12 26S 37E Is gas actually connected? Yes 6/17/78 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Total Depth P.B.T.D. Total Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Test must be after recovery of total volume of total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours, Date First New Oil Run To Tank Date of Tes Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF	III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI) NATU	RAL GAS						
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	Actual Prod. During Test	Oil - Bbls.				Water - Bbis.						
GAS WELL	GAS WELL	!						<u> </u>	_ i			
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 and belief. OIL CONSERVATION DIVISION Date Approved	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION Date Approved						
On Fire	·					On Hilliam						
Signature Donna Holler Agent By Connagist	Signature					Ву		 (%)	orogist			
Printed Name Title Title 8/29/90 505-393-2727 Date Telephone No.	Printed Name Title 8/29/90 505-393-2727					Title						

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.