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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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator LEOH MANAGEMENT COMPANY	Well API No.
Address P.O. BOX 51, GRAHAM, TEXAS 76046	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "CG" -22	Well No. / DOUBLE XX (DELAWARE)	Pool Name, Including Formation	Kind of Lease State (Federal) or Fee	Lease No. LC 0622 69-a
Location Unit Letter F 1980 Feet From The N Line and 1980 Feet From The W Line Section 22 Township 24-S Range 32-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> PRIDE PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2436 ABILENE, TEXAS 79604			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 5050 BARTLESVILLE, OKLAHOMA 74005			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 22	Twp. 24-S	Range 32-E
Is gas actually connected? YES		When? 5/4/85		

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)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/23/84	Date Compl. Ready to Prod. 5/4/85		Total Depth 7257		P.B.T.D. 5330			
Elevations (DF, RKB, RT, GR, etc.) 3595.8 GL	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4851		Tubing Depth 4851			
Perforations 4851, 54, 56, 57, 58, 59, 64, 65, 66, 67, 68, 81, 82, 831j spf		5070-5075 20holes 4JSPF		Depth Casing Shoe 5330				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24#		1100		450 SXCLASS C			
7 7/8	4 1/2 11.60 #		5330		400 SX CLASS H			
	2 3/8 4.7 #		4851					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load 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 Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature
AL JONIEZ
Printed Name
AL JONIEZ
Date
3/17/89
Title
MANAGING PARTNER
Telephone No.
817-549-0417

OIL CONSERVATION DIVISION

MAR 21 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED
MAR 21 1989
OCD
HOBBS OFFICE