

NEWMONT OIL COMPANY

Address

P. O. BOX 1305, ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change well name from Newmont Oil Co., Wilson No. 1
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
			Dry Gas	<input type="checkbox"/>
			Condensate	<input type="checkbox"/>

Change of ownership give some

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Young Unit	28	Young Queen	State, Federal or Fee	LC 065007
Location				
Unit Letter		Feet From The	Line and	Feet From The
D	330	North	330	West
Line of Section	Township	Range		
28	18S	32E	, NMPM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Co.			P. O. Box 1510, Midland, Texas 79704		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.			Box 6666 Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 28	Twp. 18S	Rge. 32E	Is gas actually connected? Yes
If this production is commingled with that from another well, give name of other well:					When 6-27-59

If this production is commingled with that from any other lease or pool, give commingling order number: _____									
COMPLETION DATA									
Designate Type of Completion – (X)		<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded	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							Depth Casing Shoe		

[illegible]

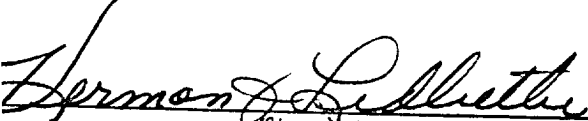
TEST DATA AND REQUEST FOR ALLOWABLE FLOW WELL			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Initial First New Oil Run To Tanks	Date of Test:	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Daily Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

Division Supt.
(Title)

2-13-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John W. Rungas

TITLE _____

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

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

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

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

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