

SANTA FE, NEW MEXICO 87501

Injection Well

457

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 12 1982

O. C. D.  
ARTESIA, OFFICE

J. Cleo Thompson

Address

4500 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☒

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Lease Name

Geo- Etc

Well No.

8

Pool Name, including Formation

Injection

Edgemoor G-SF

Kind of Lease

Fed

State, Federal or Fee

LC-063926

Location

Unit Letter

F

1980

Feet From The

N

Line and

1980

Feet From The

W

Line of Section

35

Township

16-S

Range

30E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☐

or Condensate

☐

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

☐

or Dry Gas

☐

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids,  
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

No

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Some Res'v.

Diff. Res.

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 oil  
able for this depth or be for full 24 hours)

Date 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

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pump, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Agent

7-7-82

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1982

BY *Mike Williams*  
TITLE OIL AND GAS INSPECTOR

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 deviate  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-  
able 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 multi-  
completed wells.