NUME TO F COP BRECEIVED	~ NEW MEXICO OIL CONSERVA 'ON COMMISSION Santa Fe, New Mexico	(Form C-104) Revised 7/1/57
U.S.G.S.	REQUEST FOR (OIL) - (GAS) EALLOWAPLE	
TRANSPORTER GAS	JAN 2 9 1863	New Well Recompletion
OPERATOR 3		

This form shall be submitted by the operator before an initial allowable will be filingiaid for any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Officer to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Artesia, New Mexico (Place)	(Date)
ADE HE	REBY REC	DUESTIN	AN ALLOWABLE FOR A WELL KNOWN AS:	
mont 011	Company	<b>r</b>	Well No. 4	, in NE 1/4. NE 1/4,
(Company or Operator)		tor)	(Lease) T. 16S , R. 31E , NMPM., Square L	-1
		)	T 16S R 31E NMPM., Square L	Pool
Unit Latter	, occ	**********		10-22-62
Eddy			County. Date Spudded 9-29-62 Date Drilli 3072 Total Depth 356	Z DDTD
			Elevation Total Depth	
Please indicate locati			Top Oil/Gas Pay_3512Name of Prod. Form	Loco Hills
DC	В		PRODUCING INTERVAL -	
		0		-14
		H	Perforations 3311-19, 3334-04, 3330-74, 7300-7400-7400-7400-7400-7400-7400-7400-	Depth 3240
E F	G	п	Open HoleCasing Shoe	Tubing 2240
1			OIL WELL TEST -	
LK	J	I	Natural Prod. Test:bbls.oil,bbls wate	Choke er in hrs, min. Size_
-   -			Natural Prod. lest:DDIS.011,DDIS.011	
			Test After Acid or Fracture Treatment (after recovery of	Chok
MN	0	P	load oil used): 50 bbls.oil, 10 bbls water in	n <b>24</b> hrs,min. Size unp
			GAS WELL TEST -	
FNL &	990 FEL		Natural Prod. Test:MCF/Day; Hours flow	edChoke Size
bing Casir	ng and Cemer	ting Record	Method of Testing (pitot, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture Treatment:	MCF/Day; Hours flowed
			Choke SizeMethod cf Testing:	
8 5/8	89			
- 4 -			Acid or Fracture Treatment (Give amounts of materials use sand): 45 Mgallons oil 39 W# sand	d, such as acid, water, oil, and
5 1/2	1788			
			Casing Tubing Date first new PressPressoil run to tanks <b>Jan</b>	uery 10. 1963
4	310	100	PressOII fun to taiks	
			Oil Transporter : Continental Pipe Line	
	1			
2"	3240		Gas Transporter	
211			Gas Transporter	
2#	3240		Gas Transporter	
2#			Gas Transporter	
2"				
2" emarks:	v certify th	at the info	mation given above is true and complete to the best of m	y knowledge.
2" emarks:	v certify th	at the info	mation given above is true and complete to the best of m Newmont Oil	y knowledge. Company
2" emarks:	v certify th	at the info	mation given above is true and complete to the best of m 3	ay or Operator)
2" emarks: I hereby pproved	y certify th	at the info	mation given above is true and complete to the best of m 3	ay or Operator) Bi
2# emarks: I hereby pproved	y certify th	at the info	mation given above is true and complete to the best of m 3	ay or Operator) Bi signature)
2# emarks: I hereby pproved	y certify th	at the info	mation given above is true and complete to the best of m 3	ay or Operator) By nignature)
2" emarks: I hereby pproved	y certify th	at the info	mation given above is true and complete to the best of m 3	ay or Operator) Bi att
2" emarks: I hereby pproved	y certify th	at the info	mation given above is true and complete to the best of m 3	ay or Operator) Bi att

HUNGER OF COPIES RECEIV DISTRIBUTIO SAN (A FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS		CERTIFI	CATE	sant DF CO				FORM C-110 (Rev. 7-60)		
PRORATION OFFICE OPERATOR	2					IE APPROPRIATE O				
Company or Operato			RIGINAL	AND 4 C		Lease D	1100	Well No.		
Unit Letter	Section	Township		Range		JA Fidel /7		4		
<b>A</b>	29	168			16	County				
Pool Sma	re Lake					Kind of Lease (State,	Fed Fee)	•		
If well produces oil or condensate give location of tanks <b>B</b>					Section 29	Township 168	Ran	51e		
Authorized transpor	nter of oil XX or co	ondensate			Address (give ac	ldress to which approved	l copy of this j	form is to be sent)		
Continental	Pipe Line				Artesia	New Mexico				
		ls Gas Ad	tually C	onnecte		_No_ <u>×</u>				
Authorized transpor	tter of casing head	gas 🚺 or dry gas	Date necte	Con- ed	Address (give ad	ldress to which approved	l copy of this j	orm is to be sent)		
Phillips P	Phillips Petroleum Co. Bartlesvill, Okla.									
If gas is not being	sold, give reasons :	and also explain its	present dis	position:						
	Change in Tr Oil	REASO	e) Gas		(please check p Change in Own Other (explain	ership	JAN D.	EIVED 251963 C.C.		
Remarks					j					
The undersigned	certifies that the	Rules and Regula	tions of th	he Oil Co	inservation Com	mission have been co	mplied with.			
	Executed	this the 23	day of _	Janu	ary	, <u>19_<b>63</b></u> .				
		TION COMMISSION			By	ORICIAL CIGNED BY H. J. LEDBEITER				
Approved by	$2\hat{f}$ $D_{4}$	Algon	0		Title	Superintenden	<b>.</b>			
Title		energy V			Company	Newmont Cil Co				
Date	Jr.,	1			Address	Artesia, New J	á <b>exico</b>	*		

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