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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUL 12 1962

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office 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)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

NEMONT OIL COMPANY

CARPER "G"

Well No. **4**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

P

29

T

168

R

31E

NMPM,

SQUARE LAKE

Pool

Unit Letter

EDDY

County. Date Spudded **5-8-62**

Date Drilling Completed **5-20-62**

Please indicate location:

Elevation _____ Total Depth **3580** PBDT _____

Top Oil/Gas Pay **3343** Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations **3343-48; 3387-97; 3419-32; 3538-50**

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **114** bbls. oil, **-0-** bbls water in **24** hrs, **-0-** min. Size **1 1/2"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500 gal acid 47,750# sand 54,600 gals oil**

Casing _____ Tubing _____ Date first new _____ oil run to tanks **July 2, 1962**

Oil Transporter **CONTINENTAL PIPELINE**

Gas Transporter **PHILLIPS PETROLEUM**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **JUL 12 1962**, 19____

NEMONT OIL COMPANY

(Company or Operator)

By: **H. J. LEDBETTER** (Signature)

Title: **SUPERINTENDENT**

Send Communications regarding well to:

Name: **NEMONT OIL COMPANY**

300 ROCKER BLDG., ARTESIA, N.M.

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title: **SEAL AND GAS INSPECTOR**

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator NEWMONT OIL COMPANY				Lease CARPER "G"		Well No. 4	
Unit Letter P	Section 29	Township 16S	Range 31E	County Eddy			
Pool Square Lake				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter J	Section 29	Township 16S	Range 31E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipeline				Address (give address to which approved copy of this form is to be sent) Artesia, New Mexico			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Phillips Petroleum Company			Date Connected	Address (give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

RECEIVED

JUL 12 1962

O. E. G.
ASST. SECRETARY

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **9th** day of **July**, 19**62**.

OIL CONSERVATION COMMISSION		By	
Approved by <i>M. L. Armstrong</i>		ORIGINAL SIGNED BY H. J. LEDBETTER	
Title OIL AND GAS INSPECTOR		Title SUPERINTENDENT	
Date JUL 12 1962		Company NEWMONT OIL COMPANY	
		Address 300 BOOKER BLDG., ARTESIA, N.M.	