

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Newmont Oil Company
Address
P. O. Box 1305, Artesia, New Mexico 88210
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)
Filed to show correct Transporter of oil.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brigham	Well No. 5	Pool Name, Including Formation Loco Hills Queen	Kind of Lease State, Federal or Fee Federal LC	Lease No. 298936 (g)
Location Unit Letter I ; 1325 Feet From The South Line and 990 Feet From The East Line of Section 31 Township 17S Range 30E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701			
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)			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 31	Twp. 17S	Rge. 30E
	Is gas actually connected?		When	
	No			

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 5-2-70		Total Depth 2883		P.B.T.D. 2700			
Elevations (DF, RKB, RT, GR, etc.) 3562	Name of Producing Formation Loco Hills Queen		Top Oil/Gas Pay 2572-2599		Tubing Depth 2581			
Perforations					Depth Casing Shoe 2836			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8-5/8"		457		50			
	4-1/2"		2836		350			
	2-3/8"		2581					

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 Tanks 5-2-70	Date of Test 5-5-70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 21	Oil-Bbls. 21	Water-Bbls. 0	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

(Signature)
Division Superintendent
(Title)
October 27, 1970
(Date)

OIL CONSERVATION COMMISSION

OCT 27 1970

APPROVED _____, 19____
BY W. A. Grossett
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 in well name or number, or transporter, or other such change.

Separate Forms C-104 must be filed for each well. Multiply