SANTA FE REQUEST FOR ALLOWABLE Supera					
SANTA FE  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Newmont 0il Company  Address  P. 0. Box 1305, Artesia, New Mexico 88210  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Transporter of:  Oil  Change in Ownership  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name  Brigham  NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE  Supera  Su	NO. OF COPIES RECEIVED	147		= :	
SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Newmont 0il Company  Address  P. O. Box 1305, Artesia, New Mexico 88210  Reason(s) for filing (Check proper box)  New Well  Change in Ownership  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease  State, Federal or Fee Feder	DISTRIBUTION	<del>                                     </del>			
AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  LAND OFFICE  I RANSPORTER OIL  OPERATOR  PRORATION OFFICE  Operator  Newmont 0il Company  Address  P. 0. Box 1305, Artesia, New Mexico 88210  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name  Brigham  State, Federal or Fee Federal  Filed to Show Correct Transporter of:  Kind of Lease  State, Federal or Fee Federal  State, Federal or Fee Federal	SANTA FE	NE NE			Form C-104 Supersedes
U.S.G.S.  LAND OFFICE  I RANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  Newmont Oil Company  Address  P. O. Box 1305, Artesia, New Mexico 88210  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Transporter of:  Recompletion  Change in Ownership  Casinghead Gas  Condensate  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name  Brigham  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  State, Federal or Fee Federa	FILE			e z	Effective 1
LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  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  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  State, Federal or Fee Federal  State, Federal or Fee Federal	U.S.G.S.	AUTHORIZ		OIL AND NATURAL GAS	· == (_ }
Company	LAND OFFICE	10110112		OIE AND NATORAL OAS	
OPERATOR PRORATION OFFICE  Operator  Newmont Oil Company  Address  P. O. Box 1305, Artesia, New Mexico 88210  Reason(s) for filing (Check proper box)  New Well Recompletion Oil Dry Gas Change in Ownership  If change of ownership give name and address of previous owner  If change of ownership give name  and address of previous owner  Brigham  State, Federal or Fee Federal  State, Federal or Fee Federal	TRANSPORTER			,	
Newmont 0il Company  Address  P. 0. 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  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Brigham  Well No. Pool Name, Including Formation  State, Federal or Fee Federal		+,-+-			
Newmont 0il 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  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Brigham  State, Federal or Fee Federal	PRORATION OFFICE				
P. 0. 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  If change of ownership give name and address of previous owner  Lease Name Well No. Pool Name, Including Formation  Brigham State, Federal or Fee Federal					- 1,
P. 0. 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  If change of ownership give name and address of previous owner  Lease Name Well No. Pool Name, Including Formation  Brigham State, Federal or Fee Federal	Newmont 0	il Company			
Reason(s) for filing (Check proper box)  New We!1  Change in Transporter of:  Recompletion  Change in Oil  Change in Overeship  Casinghead Gas  Condensate  If change of ownership give name and address of previous owner  Lease Name  Brigham  Description  Well No. Pool Name, Including Formation  State, Federal or Fee Federal					
New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation  Brigham 5 Loco Hills Queen State, Federal or Fee Federal			Mexico 88210		
Recompletion Oil Dry Gas Condensate  Change in Ownership Give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease  Brigham 5 Loco Hills Queen State, Federal or Fee Federal	Reason(s) for filing (Check	•		Other (Please explain)	
Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Brigham 5 Loco Hills Queen State, Federal or Fee Federal	New Well	Change in Trai	sporter of:	iled to show correct	Transpor
If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Brigham  State, Federal or Fee Federal	Recompletion				
DESCRIPTION OF WELL AND LEASE  Lease Name  Brigham  State, Federal or Fee Federal  Well No. Pool Name, Including Formation  State, Federal or Fee Federal	Change in Ownership	Casinghead Ga	s Condensate	1000 160 -15	
Lease Name Well No. Pool Name, Including Formation Kind of Lease  State, Federal or Fee Federal Property State, Federal Proper	and address of previous or	L AND LEASE	,		
		Well No. Pool	Name, Including Formation		
		5	Loco Hills Queen	State, Federal or Fee	Federal
	1	; 1325 Feet From Th	South Line and 990	Feet From The	East
Line of Section 31 Township 17S Range 30E , NMPM, Edgly	Line of Section 31	Township 175	Range 30E	, NMPM, Eddy	
. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	I. DESIGNATION OF TRA	ANSPORTER OF OIL ANI	NATURAL GAS		
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this				ive address to which approved cop	y of this form

randporter of oil. Lease No. <u>ederal LC 298936(q0</u> East County of this form is to be sent) P. O. Box 1510, Midland, Texas 79701
Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Co. or Dry Gas Is gas actually connected? When Unit Sec. Twp. P.ge. If well produces oil or liquids, Ρ 31 give location of tanks. <u> 178</u> 30E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Workover Plug Back Oil Well Gas Well Deepen Besignate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 2883 5-2-70 2700 Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 2572-2599 2581 <u> 3562</u> Loco Hills Queen Depth Casing Shoe Perforations 2836 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SEA SACKS CEMENT HOLE SIZE 457 50 4-1/2" 2836 350 2-3/8" 2581 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 5-5-70 5-2-70 Pumping Choke Size Length of Test Tubing Pressure Casing Pressure 24 hrs Gas - MCF Water - Bbls. Actual Prod. During Test Olla Bhia. 21 **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION OCT 2 7 1970 VI. CERTIFICATE OF COMPLIANCE APPROVED

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.

	50 K		
	M. h. franc	A. Like	
<del></del>		(Signature)	 

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(Date)

Division Superintendent

October 27, 1970

(Title)

F--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 this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All sections of this  $\delta$  om must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes well name or number, or transporter, or other such change Separate Forms C-104 must be filed for each p-

muniply

Supersedes Old C-104 and C-110

Effective 1-1-65 FILLYCE