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

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

FEB 16 1971

I. Operator **NEW MONT OIL COMPANY** **W. C. C.**
Address **P. O. BOX 1305, ARTESIA, NEW MEXICO 88210**
Reason(s) for filing (Check proper box) Other (Please explain)
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHEURICH "A"	Well No. 1	Pool Name, Including Formation LOCO HILLS QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. B-4108
Location Unit Letter E ; 2310 Feet From The NORTH Line and 330 Feet From The WEST Line of Section 32 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 PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1510, MIDLAND, TEXAS					
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 E	Sec. 32	Twp. 18S	Rge. 32E	Is gas actually connected? NO	When

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 XX	Gas Well	New Well	Workover XX	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded 11-19-70	Date Compl. Ready to Prod. 12-3-70		Total Depth 3133 2744		P.B.T.D. 2700			
Elevations (DF, RKB, RT, GR, etc.) 3586 GR	Name of Producing Formation LOCO HILLS QUEEN		Top Oil/Gas Pay 2605-31		Tubing Depth 2602			
Perforations 2605-2631					Depth Casing Shoe 3117			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 1/4"		553		50			
8"	7"		279 2793		100			
6 1/4"	5 1/2"		3117		100			
	2 3/8"		2602					

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 12-4-70	Date of Test 12-21-70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 9	Oil-Bbls. 9	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.

Harmon J. Ledbetter *by* **Govt**
(Signature)
DIVISION SUPERINTENDENT
(Title)
February 11, 1971
(Date)

OIL CONSERVATION COMMISSION
FEB 19 1971
APPROVED _____, 19_____
BY **W. A. Gressett**
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 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 of owner, well name or number, or transporter, or other such change of information.
Separate Forms C-104 must be filed for each pool in multiply completed wells.