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SANTA FE		<u> </u>	_	
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U.S.G.S.			<u> </u>	_
LAND OFFICE			_	_
TRANSPORTER	OIL	1		
INANSPORTER	GAS			
OPERATOR				
PROBATION OFFICE				

6-27-69

(Date)

NEW MEXICO OIL CONSERVATION COMMI, ON

Form C-104
Supersedes Old C-104 and C-110

	SANTA FE		OR ALLOWABLE		ve 1-1-65		
	FILE		AND	IDAL GAS			
Ì	U.S.G.S.	AUTHORIZATION TO TRAN	ISPURT OIL AND NAT	JIAL GAS	•		
	LAND OFFICE						
	TRANSPORTER GAS						
	OPERATOR				4 ••		
1.	PRORATION OFFICE						
	Operator Newmont Oil Company	/					
	Address						
	P. O. Box 1305, Arte	esia, New Mexico 88210	Other (Please exp	a (a)			
ļ	Reason(s) for filing (Check proper box)		Other (Please exp	ain,			
	New We!l	Change in Transporter of: Oil XX Dry Gas		1 12 -+ 1	,		
	Recompletion Change in Ownership	Casinghead Gas Condens	ate Correct	la g tank	<u> </u>		
ļ				0			
	If change of ownership give name and address of previous owner	·					
		<u> </u>	•				
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	IIIQ (1011	d of Lease	Lease No.		
	W.LH. G 4S Ut Tract 2	6 1 Loco Hills G.	SA. Sta	e, Federal or Fee State	<u>8-5084-128</u>		
	Location		0010	Most			
	Unit Letter N ; 99	O Feet From The South Line	and 2310 F	eet From The West			
	1	nship 185 Range	29E , NMPM,	Eddy	County		
	Line of Section Tow	namp 103	/		.•		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to w	sich approved copy of this	form is to be sent)		
	Name of Authorized Transporter of Oli	or Condensate	North Freeman /	rtesia. New Mex	ico 88210		
	Navajo Refining Co. Pi	inghead Gas or Dry Gas	Address (Give address to w	sich approved copy of this	form is to be sent)		
	Name of Authorized Transporter of Cas						
		Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	If well produces oil or liquids, give location of tanks.	0 1 1 18 29	No				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order nu	mber:			
IV.	COMPLETION DATA	Oil Well Gas Well		Deepen Plug Back	Same Restv. Diff. Restv.		
	Designate Type of Completion	n = (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	•.		
		T	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1				
	Perforations		<u></u>	Depth Casing	Shoe		
	,						
			CEMENTING RECORD	SAC	CKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	02. 152.				
·							
	*						
				of load old and must be see	ual to or exceed top allow		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume pth or be for full 24 hours)				
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)			
	bate 1 hours of the second			Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	0			
		Oil - Bbls.	Water-Bble.	Gas-MCF			
	Actual Prod. During Test	011-201-					
	GAS WELL		Bbls. Condensate/MMCF	Gravity of C	ondeneate		
	Actual Prod. Test-MCF/D	Length of Test	Bols. Coldensate, Minor				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	Choke Size			
	Testing Method (picot, back pr.)						
4 /	CERTIFICATE OF COMPLIAN	CE	OIL GO	NSERVATION COM	IMISSION		
V	VI. CERTIFICATE OF COMPLIANCE			APPROVED			
	I hereby certify that the rules and	11					
	Commission have been complied above is true and complete to the	BY Mille	The soe of				
	approve to trace and conference of		TITLE OIL AND	GAS INSPECTOR			
		mula form in to h	e filed in compliance w	ith RULE 1104.			
	The House	If this is a request for allowable for a newly drilled or deepene If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied with RULE 111.					
	(Siz	well, this form must	in accordance with	RULE 111.			
	Division Superintende	Il and and one of the	is form must be filled (out completely for allow			
		itle)	able on new and reco	MDIGION MATTER	I for changes of owner		

Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.