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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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APR 1 1965

I. OPERATOR		Newmont Oil Company ✓	
Address		Room 303, First National Bank Building, Artesia, New Mexico	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		Change in Tank Battery Location	

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
Tract 34	4	Loco Hills	State
Location			
Unit Letter	E	2310 Feet From The	North
		Line and	990 Feet From The
		West	
Line of Section	2	Township	18-S
		Range	29-E
		NMPM,	Eddy
		County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
Continental Pipe Line Company		P.O. Box 410, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Valley Gas Corporation		Carper Bldg., Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	2
	18-S	29-E
	Is gas actually connected?	
	Yes	
	When	
	January, 1965	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	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	Casing Pressure	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.

*Zermeng Lullatter*  
(Signature)  
Division Superintendent

March 26, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 1 1965

APPROVED \_\_\_\_\_, 19

BY *M. L. Armstrong*

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

Sections I, II, III, and VI must be filled out for all wells in compliance with the rules and regulations of the Oil Conservation Commission.