	NO. OF COPIES RECEIVED	17	-							
	DISTAIBUTION		NEW MEXICO OIL CONSERVA			ATION COMMI				
Ì	SANTA FE	REQUEST FOR AL								
i	FILE	-			AND					
	U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AN							
	LAND OFFICE									
	OIL		İ							
	TRANSPORTER GAS									
	OPERATOR	-]							
	PRORATION OFFICE									
4.	Operator									
	Newmont Oil Company '									
	Address									
	P. O. Box 1305, Artesia, New Mexico 88210									
	Reason(s) for filing (Check proper box) Other (Please									
	New Well	Change in Transporter of:								
	Recompletion		Oil	<u> </u>	/ Gas					
	Change in Ownership		Casinghead Gas	Co.	ndensate	<u> </u>				
	If change of ownership given and address of previous of	re name wner			<u> </u>					
II.	DESCRIPTION OF WELL AND LEASE Leggs Name Well No. Pool Name, Including Formation									
	Lease Name		l í	co Hills						
	W.L.H 🐠 G 45 U	t Irac	E 38 4 LO	CO IIIIIS	G. JA.	1				
	Location Unit Letter B : 1220 Feet From The North Line and 1420									
	Unit Letter B	_; <u></u>	ZZU Feet From The	, NOT EST	Line and					
	Line of Section 2	Tow	mship 18S	Range	29E	, NMPM,				

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

Ī	FILE -		AND								
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND N	ATURAL GA	\\$	\$ * .					
	LAND OFFICE										
	TRANSPORTER OIL										
	OPERATOR GAS				4						
	PRORATION OFFICE										
1.	Gperator					i.					
	Newmont Oil Company	,									
	Address										
	P. 0. Box 1305, Arts	esia, New Mexico 88210	Other (Please explain)								
	Reason(s) for filing (Check proper box)	Change in Transporter of:									
	New Well	Oil XX Dry Gas									
	Recompletion Change in Ownership	Casinghead Gas Condens	sate								
	If change of ownership give name and address of previous owner										
II.	DESCRIPTION OF WELL AND I	FASE Well No. Pool Name, Including Fo	1111412011	Kind of Lease		Lease No.					
	Lease Name W.L.H G 4S Ut Tract	1 {		State, Federal	or F. State	B-6811-10					
	Location										
	'R 12	R 1220 North Line and 1420 Feet From The Last									
	Unit Letter;;		205		Eddy	County					
	Line of Section 2 Tow	nship 18S Range	29Е , ммрм,		Eddy	County					
		AND NAMED AT CA	\$			· · · · · · · · · · · · · · · · · · ·					
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAR	Madress losse and	o which approve	ed copy of this form is	to be sant)					
	Name of Authorized Transporter of Ch. Navajo Refining Co. Pi	_	North Freeman, Artesia, New Mexico 88210								
	Navajo Refining Co. 1	inghead Gas or Dry Gas	Address (Give address t	o which approv	ed copy of this form is	to be sent)					
	4.										
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? When	n	:					
	give location of tanks.	N 2 188 29E	No								
	If this production is commingled with that from any other lease or pool, give commingling order number:										
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Dili. Res'v.					
	Designate Type of Completion	1 1	!								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
	Date Spadded										
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth						
		<u> </u>		Depth Casing Shoe							
	Perforations										
		TUBING, CASING, AND	CEMENTING RECOR	D							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT						
	HOLE SIZE										
					ļ						
					<u> </u>						
			<u> </u>	المرامين	and must be equal 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 voluepth or be for full 24 hours	7							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	v, pump, gas lif	t, etc.)						
					Choke Size						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size						
		·	Water - Bbls.		Gas-MCF						
	Actual Prod. During Test	Oil-Bbis.	water - Bore.								
			<u> </u>								
	CAC WELL										
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensa	•					
					Chaka Stan						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	:-1n j	Choke Size						
				2011255	TION COMMISSION	2N					
VI	. CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISSION									
			11]#g	, 19						
		ereby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given			101101						
	above is true and complete to th	e best of my knowledge and belief.		1, 84	LECTOR V						
			TITLE	. 140 910 th	(u1153 : 23 1						
		This form is !	o be filed in	compliance with RU	E 1104.						
	ZI X V.	Ell, ottle	H		for a nawly dri	lied or deepened					
	Wermany !!	1 Comment	If this is a request for allowable for a newly drilled or deepened								

(Signature) Division Superintendent

(Title)

6-27-69

(Date)

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 condition.

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