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	DISTRIBUTION		FOR ALLOWABLE AND	Rin C+104 Suprisedes Old C+104 and C+110 Effective 1-1+65
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS RECEIVED
_	IRANSPORTER GAS OPERATOR / PRORATION OFFICE			NOV 8 1979
1.	Operator NEWMONT OIL COMPANY			D. C. C.
	Address	SIA NEW MEXICO 88210		ARTERING
	P. O. BOX 1305, ARTESIA, NEW MEXICO 88210 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Oil Dry Gas Change in Ownership Casinghead Gas			
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND LEASE. Kind of Lease Lease No. Lease No. Lease No. Viell No. Pool Name, Including Formation Kind of Lease Lease No. Lease No. Viell No. Pool Name, Including Formation Kind of Lease Lease No. Unit LetterK South Line and State, Federal or Fee Federal C=058480 Unit LetterK 1650 Feet From The South Line and 1650 Feet From The			
	Line of Section 3 To	wnship 185 Range	29Е , ммрм,	Eddy County
п.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	med copy of this form is to be sent)
	Name of Authorized Transporter of Oll A or Condensate Navajo Refining Company Pipe Line Division Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent) North Freeman Ave. Artesia. New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.		nen
	give location of tarks. N 2 188 29E No			
: v.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	Date Compl. Ready to Prod.	t i i Total Depth	P.B.T.D.
	Date Spudded	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fier recovery of total volume of load oil	and must be equal to or exceed top allow-
	Itest Data AND NEQUENCE and able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Oti-Bble.	Water - Bbls.	Gas-MCF
	Actual Prod. During Test			
	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)	Cosing Pressure (Shut-in)	Choke Size
71	CERTIFICATE OF COMPLIAN	 CE	OIL CONSERV	ATION COMMISSION
¥1.			APPROVED 19	
	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.		BY a. a. A. Aresset	
	-		TITLE SUPERVISOR, DISTRICT. IL	
	Oct Milmin M		This form is to be filed in compliance with RULE 1104.	
	- Coment for Managel		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 allow-	
	Office Manager			
	(Title) November 7, 1979		able 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.	
		ate)	Separate Forms C-104 must be filed for each pool in multiply	