

NEW MEXICO OIL CONSERVATION COMMISSION	4
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

APR 11 1973

Operator	NEWMONT OIL COMPANY	ARTESIA, OFFICE
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Address	P. O. BOX 1305, ARTESIA, NEW MEXICO	88210
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Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☐	Change in Transporter of:		
Recompletion ☐	Oil ☒	Dry Gas ☐	Effective April 16, 1973 @ 7:00 A.M.
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	Change from Jones New Mexico

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Loco Hills</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Loco Hills Grayburg</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
<u>W.H. G.4.S. Ut Tract 43</u>			Fee	
Location	Unit Letter <u>P</u>	<u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>		
	Line of Section <u>4</u>	Township <u>18S</u>	Range <u>29E</u>	NMPM, <u>Eddy</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)		
<u>Navajo Refining Company Pipeline Division</u>	<u>North Freeman Avenue, Artesia, N.M. 88210</u>		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 <u>E</u> Sec. <u>10</u> Twp. <u>18S</u> Rge. <u>29E</u>	Is gas actually connected? <u>No</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

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.					
Elevations (DF, RKB, RT, GR, etc.)	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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Charles C. Joy
(Signature)
District Superintendent
(Title)
April 11, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 13 1973, 19
BY W. A. Gussett
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 1111.

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 well.