DISTRIBUTION SAN' A FE FILE U.S.G.S. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMI NE REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Lifective 1-1-65

AND AUTHORIZATION TO TRANSPORT OIL AN ENET OF A LAY ED NOV 8 379 o. c. c. Operator NEWMONT OIL COMPANY Address P. O. BOX 1305, ARTESIA, NEW MEXICO 88210 Reason(s) for filing (Check proper box) Other (Please explain) Effective November 1, 1979 @ 7:00 AM Change in Transporter of: Consolidation of Tank Battery # 47 Dry Gas 011 Recompletion Into Tank Battery # 46 Change in Ownership If change of ownership give name and address of previous owner ___ DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Loco Hills Grayburg (6-6-5) State, Federal or Fee Federal NM-02426 1 W.L.H.G.#4 Sd Ut Tract 19B Location North Line and 660 Unit Letter 185 29E 9 , NMPM. Township Range Eddy County Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (A) or Condensate (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) Navajo Refining Company Pipe Line Division Name of Authorized Transporter of Casinghead Gas Twp. P.ge. Is gas actually connected? Unit Sec. If well produces oil or liquids, 2 185 1 29E N No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Workover Same Res'v. Diff. Res'v. New Well Plug Back Oil Well Gas Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bble. Gcs - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Cosing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE NCY 9 1978 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. APPROVED resser SUPERVISOR, DISTRICT. E

TITLE

(Signature)
30er Office Manager (Title) November 7, 1979

(Date)

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

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