

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		3
PRORATION 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

52  
NOV 16 1966  
O. C. C.  
ARTESIA, OFFICE

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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Pe-open shut in well	

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name		Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
W. Loco Hills G 4S Ut		Tract 18	1	Loco Hills	State, Federal or Fee Federal
Location					
Unit Letter	M	1020	Feet From The	South	Line and 330 Feet From The West
Line of Section	10	Township	18-S	Range	29-E, NMPM, Eddy County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Texas-NLW Mexico Pipe Line Company		P.O. Box 1510, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	10	18	29	No	

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

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				

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-1-66		11-3-66	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
1	1	-0-		

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.

ORIGINAL SIGNED BY  
H. J. LEBETTER

(Signature)  
Division Superintendent

(Title)  
November 16, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED 11 16 1966, 19 \_\_\_\_\_

BY W. A. Grasset

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 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.