

COPIES RECEIVED	7
DISTRIBUTION	
NTA FE	
LE	
S.G.S.	
ND OFFICE	
TRANSPORTER	OIL
	GAS
ERATOR	
ORATION OFFICE	
ator	

W MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

APR 11 1973

Newmont Oil Company ✓	O. C. C.
P. O. Box 1305, Artesia, New Mexico 88210	ARTESIA, OFFICE
son(s) for filing (Check proper box)	
Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Change of ownership give name	Other (Please explain)
Address of previous owner	Effective April 16, 1973 @ 7:00 A.M.

DESCRIPTION OF WELL AND LEASE			
Well Name <u>West Loco Hills</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Loco Hills Grayburg</u>	Kind of Lease <u>Fed.</u>
H.G.S. <u>Ut Tract 13</u>			Lease No. <u>LC-060904</u>
Letter <u>L</u>	<u>2310</u> Feet From The <u>South</u>	<u>990</u> Feet From The <u>West</u>	
Section <u>12</u>	Township <u>18S</u>	Range <u>29E</u>	County <u>Eddy</u>

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS			
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)	
to Refining Company Pipeline Division		North Freeman Ave. Artesia, N.M. 88210	
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)	
produces oil or liquids, location of tanks.	Unit <u>M</u>	Sec. <u>7</u>	Twp. <u>18S</u>
		Rge. <u>30E</u>	Is gas actually connected? <u>No</u>
When			

PRODUCTION DATA								
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'tv.	Diff. Res'tv.
pudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
ons (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
ations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)			
Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Choke Size
rod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

TEST DATA			
rod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CONSERVATION COMMISSION	
APPROVED APR 13 1973	
BY <u>W. A. Grissett</u>	
TITLE <u>OIL AND GAS INSPECTOR</u>	

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