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NEW MEXICO OIL CONSERVATION COMMISSION

NOV 1

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
LC-048481	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Newmont Oil Company

3. Address of Operator
P. O. Box 1305, Artesia, New Mexico

4. Location of Well
UNIT LETTER M 660 FEET FROM THE S LINE AND 660 FEET FROM
THE W LINE, SECTION 11 TOWNSHIP 18S RANGE 29E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3505' Gr.

7. Unit Agreement Name WLH Grayburg Sand #5 Ut
8. Farm or Lease Name Tract 11
9. Well No. 9
10. Field and Pool, or Wildcat Loco Hills
12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well was frac'd with 20,000 gals lease crude and 1000 gals HCL acid w/inhibitor and equestering agent as follows:

1-19-72: Pumped 1000 gals 15% HCL acid. followed w/2 drums gyp chemical mixed w/20 bbls water. Pumped 10,000 gals lease crude w/2# 20-40 sand/gal and 1400# rock salt followed w/10,000 gals lease crude w/2# 20-40 sand/gal. Average treating rate 20 BPM. Min. Pressure 1700 psi. Max. pressure 2700 psi. ISDP 1700 psi.

Well test before treatment: 24 BOPD and 5 BWP.

Well test after recovering load oil: 16 BOPD and 31 BWP.

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NOV 10 1972
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED C. C. Joy TITLE Dist. Supt. DATE 11/8/72

APPROVED BY H. L. BECKMAN TITLE ACTING DISTRICT ENGINEER DATE NOV 14 1972

CONDITIONS OF APPROVAL, IF ANY:

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O.C.C.
ARTESIA, OFFICE

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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
RECEIVED
JUN 30 1969
O. C. C.
ARTESIA, OFFICE

Operator Newmont Oil Company	
Address P. O. Box 1305, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

Lease Name W.L.H. G 4S Ut Tract 11		Well No. 9	Pool Name, Including Formation Loco Hills G. SA.	Kind of Lease State, Federal or Fee Fed. LC-048481	Lease No.
Location Unit Letter M ; 660 Feet From The S Line and 660 Feet From The W Line of Section 11 Township 18S Range 29E , NMPM, Eddy County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. Pipeline Division		Address (Give address to which approved copy of this form is to be sent) North Freeman, Artesia, New Mexico 88210	
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 N	Sec. 2	Twp. 18S	Rge. 29E	Is gas actually connected? No
When					

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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 (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 (pitot, 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.

Herman Reddletter
(Signature)
Division Superintendent
(Title)
6-27-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY W. A. Gressett

TITLE OIL AND GAS ENGINEER

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.