

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		/
FILE		/-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
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

RECEIVED

Operator Newmont Oil Company		JUL 30 1965
Address Room 303, First National Bank Building, Artesia, New Mexico		O. C. C.
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) ARTESIA OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W.L.H.U. Tract 3	Well No. 4	Pool Name, Including Formation Loco Hills	Kind of Lease State, Federal or Fee Federal
Location Unit Letter C ; 990 Feet From The North Line and 1650 Feet From The West Line of Section 12 , Township 18-S Range 29-E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Valley Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 18
		Rge. 30	Is gas actually connected? Yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 7-8-65	Date Compl. Ready to Prod. 7-25-65		Total Depth 2747		P.B.T.D.			
Pool Loco Hills	Name of Producing Formation Loco Hills 4 Sand		Top Oil/Gas Pay 2672		Tubing Depth 2626			
Perforations 2674-94					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10 3/4 7 7/8	CASING & TUBING SIZE 7 5/8 4 1/2		DEPTH SET 401' 2740		SACKS CEMENT 50 100			

V. 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 7-25-65	Date of Test 2-26-65	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 3 bbls.	Oil-Bbls. 3	Water-Bbls. -0-	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	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. LEDBETTER

(Signature)

District Superintendent

(Title)

July 30, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 30 1965

, 19

BY

TITLE

CR. 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 Sections I, II, III, and VI only 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.