NO. OF COPIES RECEIVED							
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DISTRIBUTION		NE'	W MEXICO OIL	. CONSERVATION	COMMISSION	Form C-104	
SANTA FE				T FOR ALLOWA			d C-104 and C-
FILE	/-		REGOE	AND	.0	Effective 1-1	
u.s.g.s.		AUTHORIZ	ATION TO T	RANSPORT OIL	AND NATURAL		
LAND OFFICE		NO THORIZ	7110IT 10 1	KANOI OKT OIL	AND HATOKA	_ 0/10	
TRANSPORTER GAS	7					MAN	
OPERATOR	3						
PRORATION OFFICE						4. *	
Operator				 			
Newmont 011 Comp	any						
Address							
P.O. Box 1305, A	rtesia. E	ew Mexico	i				
Reason(s) for filing (Check pr	-			Other	(Please explain)		
New Well		Change in Tran	sporter of:				
Recompletion		Oil		Gas			
Change in Ownership		Casinghead Ga		densate			
DESCRIPTION OF WELL		Lease No.	Well No. Pool	Name, Including For	mation	Kind of Lease Sta	te
i ka ka in Ta' 🕶 🕟	. 37		3 Loc	o Hills Gray	burg	State, Federal or Fee	B=6631-2
w.L.M. Tract	-4 '	7 4 4					ב-וכטים
Location / / /	44. Julian						B-0071-2
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Line of Section DESIGNATION OF TRAINS Name of Authorized Transpor	Township NSPORTER (ter of Oil XX)	Feet From The 18-3 OF OIL AND or Conden	Range NATURAL	ine and 150 20-E GAS Address (Give a	, NMPM, ddress to which ap		County
Unit Letter A Line of Section 11 DESIGNATION OF TRAI Name of Authorized Transpor Continental Pipe	Township NSPORTER (ter of Oil XX Line Comp	Feet From The 18-3 OF OIL AND or Conden any	Range NATURAL sate	20-E GAS Address (Give a Artesia,	, NMPM, ddress to which ap New Mexico	Eddy proved copy of this form is	County to be sent)
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Location Unit Letter A Line of Section 11 DESIGNATION OF TRAI Name of Authorized Transpor Continental Pipe Name of Authorized Transpor	Township NSPORTER ter of Oil KX Line Comp ter of Casingher s, Unit	Feet From The 18-3 OF OIL ANI or Conden any ud Gas	Range NATURAL sate or Dry Gas Twp. Rge. 18 29	ZO-E GAS Address (Give of Artesia, Address (Give of Address (Give of Artesia))	, NMPM, Iddress to which ap New Mexico Iddress to which ap	Eddy proved copy of this form is proved copy of this form is	County to be sent)

Same Res'v. Diff. Res'v. Oil Well New Well Designate Type of Completion - (X) X Х Date Spudded Date Compl. Ready to Prod. Total Depth 4-8-67 5-5-67 2734 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation Top Cil/Gas Pay Grayburg 2685 3519 GR Depth Casing Shoe Perforations <u> 2733</u> 2685-2703 TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE § 5/8" 10 3/4" <u> 397 </u> 50 4 1/2" 250

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 5-5-67 5-7-67 Pumping Choke Size Length of Test Tubing Pressure Casing Pressure 24 hours

Gas - MCF Water - Bbls. Actual Prod, During Test Oil-Bbls. 31 -0-30-9-**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

I. 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.

(Title)

ORIGINAL SECRETE SY H. J. LEDBETTER

(Signature) Division Superintendent

May 16, 1967

(Date)

OIL CONSERVATION COMMISSION

C-104 and C-110

APPRO\	MAY 221967	, 19
	W.a. Grassett	
TITLE _	11. Date 0.00 An Africa 1715.	

This form is

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.