	1		
DISTRIBUTION	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
FILE IV		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	ÊCEIVED
IRANSPORTER OIL			NOV 8 1979
OPERATOR PRORATION OFFICE			
Operator NEWMONT OIL COMPANY			ARTESIA, OFFICE
Address		·····	
P. O. BOX 1305, ARTES Reason(s) for tiling (Check proper box	SIA, NEW MEXICO 88210	Other (Please explain)	
New We!l	Change in Transporter of:	Effective Novembe	r 1, 1979 @ 7:00 AM
Recompletion	Oil Dry Go Casinghead Gas Conder		Tank Battery # 47
Change in Ownership			
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL AND	LEASE		
West for thills West for thills W.L.H.G.#4 Sd Ut Tract &	Well No. Pool Name, Including F BA 3 Loco Hills Gra		or Fee Federal LC-056014
Location			
Unit Letter ; 26	00 Feet From The North Lin	ie and 1200 Feet From T	The West
Line of Section 10 Toy	wnship 185 Range	29Е, ммрм,	Eddy County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S   Address (Give address to which approv	ed copy of this form is to be sent)
Navaio Refining Company	Pipe Line Division	North Freeman Ave, Arte	sia, New Mexico 88210
Name of Authorized Transporter of Cas	singhead Gas 🔄 🛛 or Dry Gas 🦲	Address (Give address to which approv	ea copy of this form is to be sent
If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n
give location of tanks.	N 2 185 29E	no ve commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Completic			
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		<u> </u>	Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		fter recovery of total volume of load oil a	nd must be equal to or exceed top allows
TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, elc.j
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbla.	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 COMPLIAN	C <b>E</b>		TION COMMISSION
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.		NOV 9 1979	
		BY Wall Aresset	
		TITLE SUPERVISOR, DISTRICT I	
211	nol con	This form is to be filed in c	ompliance with RULE 1104.
I mut I. Monagel		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	
Office Manager		tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
November 7, 1979		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 Forma C-104 must	be filed for each pool in multiply