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LAND OFFICE					
OIL	′ .				
GAS					
OPERATOR					
PRORATION OFFICE					
	OIL GAS	OIL GAS			

3/14/69

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANIAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND	PFCFIVE	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS TOPIVED	
	LAND OFFICE				
	TRANSPORTER OIL			MAR 1 9 1969	
	GAS			- 1303	
	OPERATOR /			O. C. C.	
I.	PRORATION OFFICE Operator			ARTESIA, OFFICE	
		NA DA LINA			
	NEWMONT OIL CO	MPANY			
	Address		_		
		5, ARTESIA, NEW MEXICO 88			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas	s 📙		
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name				
	and address of previous owner				
	•				
II.	DESCRIPTION OF WELL AND I	LEASE		·	
	Lease Name	Well No. Pool Name, Including Fo		Lease No.	
	W. LOCO HILLS G. 4S		(Grayburg ) State, Federal	or Fee Federal LC-058480	
		Tr. 10 # # 9			
	Unit Letter L 1330	Feet From The South Line	e and 330 Feet From Th	meWest	
	Line of Section 3 Tow	mship 188 Range	29E , NMPM,	County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
	Texas-New Mexico Pip	eline Company	P. O. Box 1510, Mid	land. Texas	
	Name of Authorized Transporter of Cas		Address (Give address to which approve		
		Unit Sec. Twp. Rge.	Is gas actually connected? Wher	1	
	If well produces oil or liquids, give location of tanks.	E 10 18\$ 29E	NO		
			<u> </u>		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
	Designate Type of Completio	n - (X)		. 349 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.	
	Date Spudded			į	
	12-27-69	1-12-69	2605	2604	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3520 GR	Grayburg	2556	2540	
	Perforations			Depth Casing Shoe	
	.48" bullet per fo			260 <sup>1</sup> ₁ •	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	10-3/4"	8-5/8"	374*	50 sks	
	7-7/8"	4-1/2"	2604	100 sks	
		2 3/6"	2540		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
• •	OIL WELL	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, etc.)		
	3-2-69	3-2-69	Pump i na		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	31 bbls.	8	23		
	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	
<b>47</b>	CERTIFICATE OF COMPLIANO	T.F.	OU COMSERVAS	TION COMMISSION	
VI.	CERTIFICATE OF COMPLIANC	J.E.	MAR 2	TION COMMISSION	
			APPROVED, 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1.10 6		
	above is true and complete to the	best of my knowledge and belief.	BY W. C. Gressett		
			OH AND GAS INSPECTOR		
	1		TITLE OIL 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 allow-		
		1-4			
	Herman XXIII	ullw			
	(Signa	iture)			
	. •	•			
	<u>Division Superintend</u> (Ti	ile)	All sections of this form mus able on new and recompleted wel	t be illied out completely for allow-	
	1	*	able 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.