

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
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

AUG 29 1972

I.

Operator NEWMONT OIL COMPANY	
Address P.O. Box 1305, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-14-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED NFO # 2-83 9-19-72
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tract 29	Well No. 3	Pool Name, Including Formation Loco Hills Q.Grb. SA	Kind of Lease State, Federal or Fee State	Lease No. B-5524-24
Location				
Unit Letter N	990	Feet From The South	Line and 2245	Feet From The West
Line of Section 2	Township 18S	Range 29E	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"/> NAVAJO REFINING COMPANY (Pipe Line Div.)	Address (Give address to which approved copy of this form is to be sent) North Freeman St., 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:

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'v.	Diff. Res'v.
Date Spudded 7/ 3/72	Date Compl. Ready to Prod. 8/14/72	Total Depth 2680'	P.B.T.D. 2678'					
Elevations (DF, RKB, RT, GR, etc.) 3511' GL	Name of Producing Formation Loco Hills	Top Oil/Gas Pay 2626'	Tubing Depth 2618'					
Perforations 6/ft 2626' to 2642'	Depth Casing Shoe 2680'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10 3/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 340'	SACKS CEMENT 80 Sacks Class "H"					
7 7/8"	4 1/2"	2680'	490 Sacks Class "C" & "H"					
2 7/8"		26-18						

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 8/14/72	Date of Test 8/18/72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 35 lbs	Casing Pressure 0	Choke Size --
Actual Prod. During Test	Oil-Bbls. 13	Water-Bbls. 160	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Wright M. Dutcher
(Signature)
Chief Engineer
(Title)
8/29/72
(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 29 1972

BY

W. R. Gressett

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 1104.

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 V 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.