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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

JAN 29 1976

I. Operator
NEWMONT OIL COMPANY ✓
Address
P.O. Box 1305, Artesia, New Mexico 88210
Reason(s) for filing (Check proper box)
New Well ☒ XXX Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Tract 13	Well No.	11	Pool Name, including Formation	Loco Hills (Q.G.SA)	Kind of Lease	Federal	Lease No.	LC 060904
West Loco Hills Grb. #4 Sd Ut.									
Location Unit Letter H 2310 Feet From The North Line and 1175 Feet From The East Line of Section 12 Township 18 South Range 29 East, 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"/>	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING COMPANY PIPELINE DIVISION	N. Freeman Avenue, 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 0 Sec. 1 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-4-75	Date Compl. Ready to Prod. 12-31-75	Total Depth 2828' GLM	P.B.T.D. 2810' GLM					
Elevations (DF, RKB, RT, GR, etc.) 3521' GLM	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2760' GLM	Tubing Depth 2738' GLM					
Perforations 2760' to 2784' GLM	Depth Casing Shoe 2824' GLM							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8" 23#	DEPTH SET 302' GLM	SACKS CEMENT 150 sacks Class "H"					
7 7/8"	4 1/2" 9.5#	2824' GLM	650 sacks Class "H"					
	2 7/8"	2738' GLM						

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 1-1-76	Date of Test 1-20-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size none
Actual Prod. During Test	Oil-Bbls. 19	Water-Bbls. 500	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

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.

Charles C. Joy
Superintendent
1/28/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 29 1976
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 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.

INCLINATION REPORT

Field Name _____ County Eddy State New Mexico
Operator Newmont Oil Company Address Box 1305; Artesia, N. M. 88210
Lease Name & No. West Loco Hills Unit 13-11 Survey _____

RECORD OF INCLINATION

[illegible]

Survey was run in open hole. Distance to the nearest lease line _____.

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Signature _____

Sundance Drilling Corp.

Company

State of Texas)(
County of Midland)(

Notary Public
My Commission Expires _____

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared Karin Stephenson known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (she) (he) executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 9th DAY OF January 19 76 .

My Commission Expires:

Notary Public in and for said County and State.

June 1, 1978