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| DISTRIBUTION      |       |   |  |
| ANTA FE           |       |   |  |
| FILE              |       |   |  |
| U.S.G.S.          |       | Ī |  |
| LAND OFFICE       |       |   |  |
| TRANSPORTER       | OIL   | I |  |
| INANSFORIER       | GAS   |   |  |
| OPERATOR          |       |   |  |
|                   |       |   |  |

| DISTRIBUTION   |  |  |   |  |
|--|--|--|---|--|
|  | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  |  |   |  |
| ANTA FE  | REQUEST  | FOR ALLOWABLE  | Supersedes Old C-104 and C-1  |  |
| FILE   | _  | Effective 1-1-65   |   |  |
| u.s.g.s.   | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |  |   |  |
| LAND OFFICE  | 4  |  |   |  |
| TRANSPORTER GAS  | -  |  |   |  |
| OPERATOR   | -  |  |   |  |
| PROBATION OFFICE   | 1  |  |   |  |
| Operator   | 1  |  |   |  |
| NEWMONT OIL CO   | MPANY  |  |   |  |
| Address  |  |  |   |  |
| P. 0. BOX 1305   | , ARTESIA, NEW MEXICO 88   | 3210   |   |  |
| Reason(s) for filing (Check proper box   |  | Other (Please explain)   |   |  |
| New Well   | Change in Transporter of:  |  | o. from Newmont Oil   |  |
| Recompletion   | Oil Dry Go   | = co., roung no.   | 0   |  |
| Change in Ownership  | Casinghead Gas Conde   | nsate  |   |  |
| If change of ownership give name   |  |  |   |  |
| and address of previous owner  |  |  |   |  |
| DESCRIPTION OF WELL AND  | IFASE  |  |   |  |
| Lease Name   | Well No. Pool Name, Including F  |  | Lease No.   |  |
| Young Unit   | 9 Young Quee   | State, Federal o   | Fee Federal LC 06417  |  |
| Location   |  |  | 1   |  |
| Unit Letter 1 ; 2350   | Feet From The South Lir  | ne and 1025 Feet From The  | , East  |  |
|  |  |  |   |  |
| Line of Section 17 To  | wnship 185 Range   | 32E , NMPM, Le   | a County  |  |
|  |  |  |   |  |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA  | AS Address (Give address to which approved   | copy of this form is to be sent)  |  |
| Name of Authorized Transporter of Oil  |  |  |   |  |
| Texas New Mexico P   | ipeline to.  | P. O. Box1510, Midland  Address (Give address to which approved  | copy of this form is to be sent)  |  |
|  |  | Box 6666, Odessa, Texa   |   |  |
| Phillips Petroleu  | M CO.<br>Unit Sec. Twp. P.ge.  | Is gas actually connected? When  | 5 /9/00   |  |
| If well produces oil or liquids, give location of tanks.   |  |  | 6-27-59   |  |
|  |  |  |   |  |
| If this production is commingled wind COMPLETION DATA  | th that from any other lease or pool,  | give comminging order number.  |   |  |
|  | Oil Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res   |  |
| Designate Type of Completi   | 1 1  | 1 1  | 1 1   |  |
| Date Spudded   | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.  |  |
|  |  | 1  |   |  |
| Elevations (DF, RKB, RT, GR, etc.)   |  |  | T. ). ( DAb   |  |
| (St., Mb, M, On, etc.)   | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth  |  |
| (See , mas, mr, on, etc.)  | Name of Producing Formation  | 100 011) 011   |   |  |
| Perforations   | Name of Producing Formation  | 100 011) 011   | Tubing Depth  Depth Casing Shoe   |  |
|  |  |  |   |  |
| Perforations   | TUBING, CASING, AN   | ID CEMENTING RECORD  | Depth Casing Shoe   |  |
|  |  |  |   |  |
| Perforations   | TUBING, CASING, AN   | ID CEMENTING RECORD  | Depth Casing Shoe   |  |
| Perforations   | TUBING, CASING, AN   | ID CEMENTING RECORD  | Depth Casing Shoe   |  |
| Perforations   | TUBING, CASING, AN   | ID CEMENTING RECORD  | Depth Casing Shoe   |  |
| Perforations  HOLE SIZE  | TUBING, CASING, AN CASING & TUBING SIZE  TOP ALLOWARIE. (Test must be  | ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil an  | Depth Casing Shoe SACKS CEMENT  |  |
| Perforations  HOLE SIZE  TEST DATA AND REQUEST F   | TUBING, CASING, AN CASING & TUBING SIZE  TOP ALLOWARIE. (Test must be  | after recovery of total volume of load oil and lepth or be for full 24 hours)  | Depth Casing Shoe  SACKS CEMENT  d must be equal to or exceed top all   |  |
| Perforations  HOLE SIZE  | TUBING, CASING, AN CASING & TUBING SIZE  TOP ALLOWARIE. (Test must be  | ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil an  | Depth Casing Shoe  SACKS CEMENT  d must be equal to or exceed top all   |  |
| Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this description)  | after recovery of total volume of load oil and lepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,   | SACKS CEMENT  d must be equal to or exceed top all etc.)  |  |
| Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this description)  | after recovery of total volume of load oil and lepth or be for full 24 hours)  | Depth Casing Shoe  SACKS CEMENT  d must be equal to or exceed top all   |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d  Date of Test  Tubing Pressure  | after recovery of total volume of load oil an ilepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size                                    |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d   | after recovery of total volume of load oil and lepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,   | SACKS CEMENT  d must be equal to or exceed top all etc.)  |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d  Date of Test  Tubing Pressure  | after recovery of total volume of load oil an ilepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size                                    |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d  Date of Test  Tubing Pressure  | after recovery of total volume of load oil an ilepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size                                    |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d Date of Test  Tubing Pressure  Oil-Bbls.  | after recovery of total volume of load oil and itepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  Water-Bbls.  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size  Gas-MCF                           |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d  Date of Test  Tubing Pressure  | after recovery of total volume of load oil an ilepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size                                    |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this described for this descri | after recovery of total volume of load oil an ilepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size  Gas-MCF  Gravity of Condensate    |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test   | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this d Date of Test  Tubing Pressure  Oil-Bbls.  | after recovery of total volume of load oil and itepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  Water-Bbls.  | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size  Gas-MCF                           |  |
| HOLE SIZE  HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.) | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this described able for  | DEPTH SET  DEPTH SET  after recovery of total volume of load oil and lepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in) | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top all etc.)  Choke Size  Gravity of Condensate  Choke Size |  |
| HOLE SIZE  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  | TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this described able for  | DEPTH SET  DEPTH SET  after recovery of total volume of load oil and lepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in) | SACKS CEMENT  SACKS CEMENT  d must be equal to or exceed top al etc.)  Choke Size  Gas-MCF  Gravity of Condensate     |  |

## VI.

Commission have been complied with and that the information shows above is true and complete to the best of my knowledge and belief.

| above is true and complete to the seat of my |
|--|
| Turmon Gelletter                             |
| (Signature)                                  |
| Division Supt.                               |
| (Title)                                      |
| 2-13-69                                      |

(Date)

| APPROVED | 4        |      | , 19 |  |
|----------|----------|------|------|--|
|          | m w.     | Rung | lan  |  |
| TITLE    | Grotogis | •    |      |  |

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.