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

	SANTA FE	1	ONSERVATION COMMISS, JAI	Form C-104 Supersedes Old C-104 and C-116		
	REQUEST FOR ALLOWABLE AND		Effective 1-1-65			
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				GAS		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
ı.	PRORATION OFFICE	<u> </u>				
	Operator					
Newmont Oil Company Address						
	!	Artesia, New Mexico 88	210			
Reason(s) for filing (Check proper box) Other (Please explain)						
New Well Change in Transporter of: Change from \$1 to producing				to producing		
	Recompletion	Oil Dry Gar	S Change tank bat	tery location		
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name	·				
	and address of previous owner	13.				
II.	I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease					
	Young Unit	20 Young Quee		ral or Fee Federal LC-064175A		
	Location	20 Today Quee		Tederal ut 004175A		
	16	50 Feet From The South Line	e and 990 Feet From	The East		
	Unit Letter;10	Peet From The	1 001 1 1011			
	Line of Section 20 Tov	vnship 185 Range	32E , NMPM,	Lea County		
m.		TER OF OIL AND NATURAL GA	S Address (Give address to which appr			
	Name of Authorized Transporter of Oil		,	,		
	Texas New Mexico Pipe Name of Authorized Transporter of Cas	line Company	P. O. Box 1510. Midl Address (Give address to which appr	and, Texas 79704		
	Nume of Authorized Transporter of Ozi	q				
		Unit Sec. Twp. Rge.	Is gas actually connected? W	hen		
	If well produces oil or liquids, give location of tanks.	B 20 18S 32	E No			
	Tratic and assessment with	th that from any other lease or pool,	<u> </u>			
IV.	COMPLETION DATA	in that from any other rease or poor,	Bive commissions of the commission of the commis			
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
				P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	biotations (b), Rib, Ri, GR, etc.)					
	erforations Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE CASING & TUBING SIZE) DEPTH SET	SACKS CEMENT		
••	MECH DAMA AND DECLERON TO	DD ATTOWARTE /Tage	ter recovery of total volume of land of	l and must be equal to or exceed ton allow		
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	3-9-70	3-23-70	Pumping			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24	Coll Divis	Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.				
	96		89			
	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		
VI.	VI. CERTIFICATE OF COMPLIANCE		QIL CONSERV	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED , 19			
,			TITLE SUPERVISOR DISTRICT			
		7000	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	To To	()(.tt).				
	(WAS THE WAY OF THE W	-c -	It this is a request for allowing the property of the prope	Men's for a manth divited of gashanen		

(Signature)

Division Superintendent

(Title)

April 9, 1970

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 transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.