

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico 8/30/60
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Artec Oil and Gas Company Arizona Picardillo Well No. 1-3, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M, Sec. 4, T. 26N, R. 5W, NMPM., South Blanco P.C. Pool
Unit Letter

Eliz Arriba County. Date Spudded 8/4/60 Date Drilling Completed 8/10/60

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
X			

Elevation 6769 Total Depth 3037 FBTD 3033

Top Oil/Gas Pay 3102 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3003-3013, 3000-3036 with four per ft.

Open Hole _____ Depth _____ Casing Shoe 3036 Depth _____ Tubing 3036

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8</u>	<u>161</u>	<u>190</u>
<u>2 7/8</u>	<u>3030</u>	<u>100</u>

Method of Testing (pitot, back pressure, etc.): Back Pressure

Test After Acid or Fracture Treatment: ACF-0000 MCF/Day; Hours flowed 3 hrs.

Choke Size 3/4" Method of Testing: Back Pressure

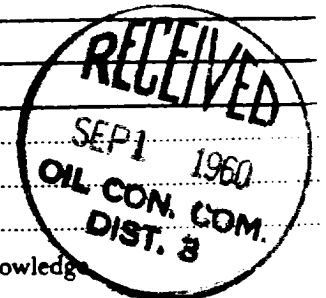
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1946 bbls. water and 60,000# acid

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge

Approved SEP 1 1960, 19_____

Artec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Original Signed Emery G. Arnold

Title Supervisor Dist. # 3

By: ORIGINAL SIGNED BY JOE C. SALMON
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Artec Oil and Gas Company

Address Box 570, Farmington, N.M.

11-1

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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