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LAND OFFICE
TRANSPORTER
OIL
GAS
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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 1-1-61

I. OWNER
Artec Oil & Gas Company
Address
Box 570, Farmington, New Mexico
Reasons for filing (If both, proper box)
Draw Well ☐ Change in Transporter of:
Oil ☐ Dry Gas ☐ **Corrected Form**
Transportation ☐ Gashead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name WHITLEY "D"	Well No. 6	Pool Name, including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee
Location Section 1 T. 1140 Feet From The South Line and 1590 Feet From The East Line of Section 6 Township 27N Range 9W NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorizer Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 101 Plateau, Inc. 901 New Mexico Tankers to Basin	Address (Give address to which approved copy of this form is to be sent) Box 287, Bloomfield, New Mexico Box 2643, Houston, Texas		
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) 1507 Pacific, Dallas		
If well produces oil or condensate, give location of storage	Unit	Sec.	When Yes 10-19-61

If this production is commingled with that from any other lease or pool, give commingling order number:

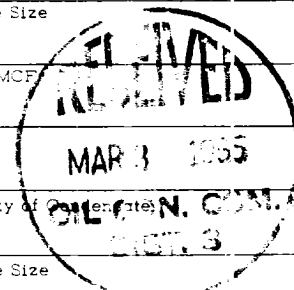
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Workover	Deepen	Plug Back	Same Prod.	Diff. Prod.
Completed	Date Compl. Ready to Prod.	Total Depth	F.B.T.P.					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Flow Test	Units	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Original by **Carl E. Jansson**
Carl E. Jansson
(Signature)
District Engineer
(Title)
March 2, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 1965**, 19
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor**

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 Sections I, II, III, and VI only 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.