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 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

CORRECTED COPY

I. OPERATOR
Artec Oil & Gas Company
 Address:
Drawer #570, Farmington, New Mexico
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: **Correct transporter from Southern Union**
 Existing Well Oil Dry Gas **Gathering to Southern Union Gas Company**
 Change in ownership Casinghead 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. 5	Pool Name, including Formation Basin Dakota	Kind of Lease Federal
State, Federal or Free			
Location: Unit Letter G : 1790 Feet From The North Line and 1670 Feet From The East			
Line of Section 8 , Township 27N Range 9W , N.M.P.M. San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)
104 Plateau to Plateau 90% New Mexico Leases to Shell	Box 567, Bloomfield, New Mexico Box 2840, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)
Southern Union Gas Company	1507 Pacific, Dallas, Texas
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
	Yes : 9-29-61

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

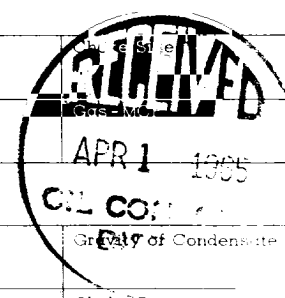
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Insty.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.N.T.D.			
Depth	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 Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbbls.	Water-Bbbls.

Actual Prod. Test-MMCF	Length of Test	Bbbls. Condensate/MMCF	Grav. of Condensate
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.

OIL CONSERVATION COMMISSION
 APPROVED **APR 1 1965**
 BY **K. KENDRICK**
 TITLE **MUSEUM ENGINEER DIST. 3**

ORIGINAL SIGNED BY **Joe C. Salmon**
 District Superintendent
3-29-65

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.