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	GAS 1
OPERATOR	1
PRODUCTION 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

Operator Artec Oil & Gas Company	
Address P. O. Drawer 570, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☒
Other (Please explain) For Test Purposes Only.	

If change of ownership give name and address of previous owner

SECTION I - IDENTIFICATION OF WELL AND LEASE	
Lease Name Hagood	Well No. 30
Pool Name, including Formation Basin Dakota	
Kind of Lease State, Federal or Fee NM-0468128	
Lease No.	
Location	
Unit Letter A	790 Feet From The North Line and 790 Feet From The East
Range of Section 34	Township 29 North
Range 13 West	N.M.P.M., San Juan County

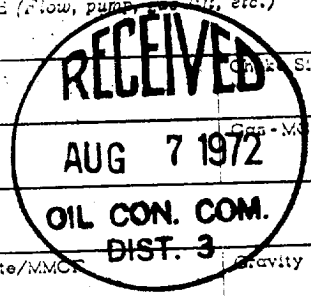
SECTION II - TRANSPORT OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) Plateau P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Is well produces oil or liquids, give location of tanks.	Unit
Sec.	Twp.
Rge.	Is gas actually connected?
	When

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

SECTION III - COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
	Gas Well
	New Well
	Workover
	Deepen
	Plug Back
	Same Res'ty.
	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	
Elevations (OF, RAB, RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	
Tubing Depth	
Depth Casing, in.	
Perforations	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

SECTION IV - 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, etc. lift, etc.)	
Length of Test	Tubing Pressure
Casing Pressure	Check Size
Water - Bbls.	Oil - Bbls.
Gravity of Condensate	



Length of Test	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Check Size

NOTICE 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 SIGNED BY JOE C. SALMON	
(Signature)	
Member Superintendent	
(Title)	
August 7, 1972	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	8-7-72
BY	Barney C. Cawley
TITLE	Asst. Dir. III
This form is to be filed in compliance with RULE 100.	
If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of test results taken on the well in accordance with RULE 100.	
All sections of this form must be filled out completely for all new and recompleted wells.	
Fill out only Sections I, II, III, and VI for old wells with name or number, or transporter, or other such data.	
Separate Forms C-104 must be filed for each recompleted well.	