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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

1-6-65

(Place)

(Date)

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

Artec Oil & Gas Company

MOCAITY

, Well No. 1, in NE 1/4 SE 1/4,

(Company or Operator)

(Lease)

I

Sec. 29

T. 30N

R. 12W

NMPM,

Pulcher-Rata

Pool

Unit Letter

San Juan

County. Date Spudded. 8-21-64

Date Drilling Completed

8-29-64

Please indicate location:

Elevation _____ Total Depth 1730 PBD 1730

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

PRODUCING INTERVAL -

Perforations 2 EFF 1624-42

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

OIL WELL TEST -

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

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 _____

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): 10,000; 20-40 sd; 10,000; 10-20 sd; 7 1/2 50/100; 20 balls

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

Oil Transporter _____

Gas Transporter Southern Union Gathering System

Remarks: Reconnection date 9-15-64

No test after Workover

OLD WELL WORKOVER

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

Approved: JAN 11 1965, 19. _____

Artec Oil & Gas Company

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Artec Oil & Gas Company

Address: 5701 - 5701 - Santa Fe, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Supervisor Dist. # 3

