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SANTA FE		1
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		1
OPERATOR		2

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.

Farlington

(Place)

3-23-64

(Date)

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

Artac Oil & Gas

(Company or Operator)

Davis

(Lease)

Well No. 9-D

in NW

1/4

SE

1/4

J

Unit Letter

Sec. 12

T. 31N

R. 12W

NMPM.

Basin Dakota

Pool

San Juan

County. Date Spudded 11-9-63

Date Drilling Completed

12-10-63

Please indicate location:

Elevation 6264

Total Depth 7549

PBTD

7450

Top Oil/Gas Pay

Name of Prod. Form.

Dakota

PRODUCING INTERVAL -

Perforations 7260-7280; 7348-7376; 7402-7410

Open Hole

Depth

Depth

Casing Shoe

Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of 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: 4222 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: _____

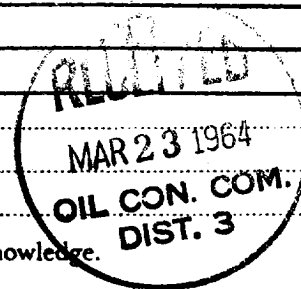
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fract w/ 70,000# sand

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

Oil Transporter _____

Gas Transporter Southern Union Gathering System

Remarks: _____



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

Approved 3-23-64 MAR 23 1964 19

Artac Oil & Gas Company

(Company or Operator)

By:

BENJAMIN MEANS

B.E. Means

(Signature)

Title _____

Send Communications regarding well to:

Name _____

Address _____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3