

NO. OF COPIES RECEIVED	
DISTRIBUTION	5
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
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

I. Operator

Address **Artec Oil and Gas**

**Dresser 570 Farmington, New Mexico**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Farm Unit	Kind of Lease
<b>Thompson</b>		<b>9</b>	<b>Blanco Mesaverde</b>	State, Federal or Fee <b>Fed</b>
Location				
Unit Letter <b>M</b>	<b>990</b>	Feet From The <b>S</b>	Line and <b>920</b>	Feet From The <b>W</b>
Line of Section <b>28</b>	Township <b>31N</b>	Range <b>12W</b>	County <b>San Juan</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>New Mexico Tankers to Plateau</b>	<b>Box 2151 Farmington</b>
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)
<b>Southern Union Gathering</b>	<b>Box 398 Bloomfield</b>
If well produces oil or liquids, give location of tanks.	

If this production is commingled with that from any other lease or pool, give common well number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
<b>3/20/66</b>	<b>4/28/66</b>	<b>7196</b>	<b>7156</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Taking Depth					
<b>6131 GR</b>	<b>Blanco Mesaverde</b>	<b>4822</b>	<b>6955</b>					
Perforations	Depth Casing Shoe							
<b>5015-23</b>	<b>4900-12</b>	<b>4822-76</b>	<b>7187</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/2</b>	<b>8-5/8</b>	<b>2 1/2</b>	<b>308</b>		<b>250 sz</b>			
<b>7-7/8</b>	<b>5-1/2</b>	<b>1 1/2</b>	<b>7187</b>		<b>870 sz</b>			
	<b>1-1/2</b>	<b>2.75</b>	<b>6955</b>					

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	Choke Size
			<b>MAY 18 1966</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<b>OIL CON. COM. DIST. 3</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>1861</b>	<b>3 hr</b>		
Testing Method (prob, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>back pr.</b>		<b>148</b>	<b>3/4"</b>

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 SIGNED BY JOE C. SALMON

(Signature)

(Title)

(Date)

APPROVED **JUN 2 1966**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

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 only Sections I, II, III, and VI 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.