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TRANSPORTER	OIL GAS
OPERATOR	
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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 Artes Oil & Gas Company	
Address Drawer 570, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well: <input type="checkbox"/>	Change in Transporter of:
Recompletion: <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership: <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEUES 7"	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	
Location				
Unit Letter C	1120	Feet From The North	Line and 2300	Feet From The West
Line of Section 23	Township 23N	Range 11W	NMPM, 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"/> McLeod	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas System	Address (Give address to which approved copy of this form is to be sent) 1507 Pacific, Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit 23	Sec. 23N	Twp. 11W	Rge. San Juan	Is gas actually connected? Yes	When 3-2-61

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 Res'tv.	Diff. Res'tv.
			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Date Spudded 2-16-65	Date Compl. Ready to Prod. 2-24-65	Total Depth 6400		P.B.T.D. 6360					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6110		Tubing Depth 6110					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		Tubing		6110'					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

NO TEST

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas
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.

ORIGINAL SIGNED BY JOE C. SALMON

Joe C. Salmon

(Signature)

District Superintendent

(Title)

3-23-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 24 1965**

BY **Arthur J. Gerichick**

TITLE **PETROLEUM ENGINEER DIST. NO. 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 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.