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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 Artec Oil & Gas Company	
Address P.O. Drawer 570, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Richardson	Lease No. 5	Well No. 5	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter G	1850	Feet From The North	Line and 1660	Feet From The East
Line of Section 21	Township 31N	Range 12W	, 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Southern Union Gathering System	P. O. Box 398, Bloomfield, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit 21	Sec. 31N
	Twp. 12W	Rge. San Juan
	Is gas actually connected? Yes When 11/5/65	

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 9/2/65	Date Compl. Ready to Prod. 11/5/65		Total Depth 7196		P.B.T.D. 7169			
Elevations (DF, RKB, RT, GR, etc.) 6131 GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7016		Tubing Depth 6976			
Perforations 7016-26, 7085-7110, 7115-22, 4 shots per foot					Depth Casing Shoe 7181			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	10-3/4" = 32.75'		163'		135 sx			
8-3/4"	7-5/8" = 26'		5186'		95 sx			
6 1/2"	4 1/2" = 9.5'		7195'		1st stage 30 sx			
	2-3/8" = 4.75' lbg.		6986'		2nd stage 275 sx			

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-MCF

GAS WELL

Actual Prod. Test-MCF/D 3585	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 290	Casing Pressure	Choke Size 3/4"

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)

1/25/66
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 11 1966**, 19

BY **Original Signed 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.