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INTERPRETATION	
LAND OFFICE	
TRANSPORTER	GIL / GAS /
OPERATOR	/
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
OIL WELL RUL ALLOWABLE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. OPERATOR

Company Name: Armed Oil and Gas Company

Address: Box 370, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of		Other (Please explain)	
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

Well Name	Well No.	Prod. Name, including Formation	Kind of Lease	Lease No.			
<u>370</u>	<u>3</u>	<u>Permian</u>	<u>State, Federal or Fee</u>	<u>SP-078108</u>			
Location							
Unit Letter	<u>B</u>	Feet From Top	<u>2650</u>	Line and	<u>900</u>	Feet From The	<u>West</u>
Line of Section	<u>1</u>	Township	<u>23N</u>	Range	<u>17E</u>	, NMPM, <u>San Juan</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)					
<u>Elmer C. Thompson</u>	<u>Box 108, Farmington, New Mexico</u>					
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)					
<u>Southern Union Gas Co.</u>	<u>Box 368, Bloomfield, New Mexico</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top	Base	Is gas actually connected?	When
	<u>1000</u>				<u>Yes</u>	

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	Recompletion	Partial	Workover	Deepen	Plug Back	Same Rest.	Drill Rest.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7-2-68</u>	<u>7-10-68</u>	<u>4010</u>	<u>4010</u>					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil, Gas Pay	Tubing Depth					
<u>3322 Gr</u>	<u>Nesqueh</u>	<u>4754</u>	<u>4700</u>					
Perforations	Depth Casing Shoe							
<u>4754-70, 4784-95, 4802-24, 2 3/4"</u>	<u>4937</u>							
TURNPI, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>10-3/4"</u>	<u>8-1/2"</u>	<u>100'</u>	<u>75 sx</u>					
<u>8-3/4"</u>	<u>6-7/8"</u>	<u>4686'</u>	<u>250 sx</u>					
<u>4-3/4"</u>	<u>4-1/2"</u>	<u>4937'</u>	<u>44 sx</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE

This test is a request for recovery of total volume of load oil and must be equal to or exceed top allowable production rate for full 24 hours

Flow Rate New Oil Run To Tanks	Date of Test	Measuring Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF
370 Well	Length of Test	Grav. of Condensate/MCF
Flow Rate New Oil Run To Tanks	Flow Rate New Gas Run To Tanks	Choke Size

OIL CONSERVATION COMMISSION

NOV 21 1968

Original Signed by Emery C. Arnold

SUPERVISOR DIST. 73

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

(Signature)

District Supervisor

(Title)

November 1, 1968

(Date)