NO. OF COPIES RECEIVED							
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104				
FILE /	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 AND Effective 1-1-65					
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GASECEIVED				
IRANSPORTER OIL			ILL IVED				
GAS 1		<u>^</u>	JUN 1 0 1965				
PRORATION OFFICE	_	P	1965 J				
Operator			ARTERIA, OFFICE				
Archiz Address	• Speir		FICE				
r.C. Lr.	wer 40						
Reason(s) for filing (Check proper be		Other (Please explain)					
New Well Recompletion	Change in Transporter of: Cii Dry G		e name from				
Change in Gwnership		Bedingfield	State				
If change of ownership give name and address of previous owner	Bedingfield	rtesia, Low Lexic	n.				
DESCRIPTION OF WELL ANI			· •				
Lease Name Play	Well No. Pool No	me, Including Formation	Kind of Lease				
Location	firect 15 1 Red	Lake Grayburg	State, Federal or Fee \bigcirc t \bigcirc t \in				
	650 Feet From The Lerth Li	ne and 1650 Feet Fro	m The St				
36							
Line of Section 70 , T	cwnship 17 Range	27 , NMPM, L	County County				
• DESIGNATION OF TRANSPOR Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	AS	proved copy of this form is to be sent)				
Continer	.tal (ii Co.		···· · · · · · · · · · · · · · · · · ·				
Name of Authorized Transporter of C	asinghead Gas 🏝 🛛 or Dry Gas 🗌		tesia, new mexico roved copy of this form is to be sent)				
	Unit Sec. Twp. Rge.	P.O. Box 6666 O Is gas actually connected?	<u>Čessa, Texas</u>				
If well produces oil or liquids, give location of tanks.	F 36 17 27	Yes	N. A.				
Date Spielded	Date Compl. Ready to Prod.	Total Depth Top Cil/Gas Pay	P.B.T.D. Tubir.q Depth				
			rubh.g beptir				
Perforations			Deptl-Casing Shoe				
		D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		-					
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	I Ifter recovery of total volume of load o	il and must be equal to or exceed top allo				
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)				
		(
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Cil-Bols.	Water-Bbls.	Gas-MCF				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
. CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION				
	regulations of the Oil Conservation	APPROVED JUL 1	4 1965 , 19				
	with and that the information given e best of my knowledge and belief.	BY MIL armste	C'11¢				
i			4				
A le	2.1.		compliance with RULE 1104.				
(Sign	the peu	If this is a request for all	owable for a newly drilled or deepene				
(Sig) Unit (pe:		well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the deviatio ordance with RULE 111.				
	itle)	All sections of this form m able on new and recompleted v	nust be filled out completely for allow wells.				
June 9,		Fill out Sections I, II, II	I, and VI only for changes of owner				
(D	ate)		orter, or other such change of condition ast be filed for each pool in multipl				

June	9,	1965	 	
		(Date)		

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.