

DISTRIBUTION		
TA FE		
E		
S.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS  
**RECEIVED**

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

DEC 20 1973

I. OPERATOR  
Operator: Artesia, Inc.  
Address: Artesia, New Mexico 87102  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter ☐  
Recompletion ☐ Oil ☐  
Change in Ownership ☐ Casinghead Gas ☐  
Other (Please explain):  
If change of ownership give name and address of previous owner: Artesia, Inc., P.O. Box 10, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Section	Kind of Lease	Lease No.
<u>Artesia Unit</u>	<u>11</u>	<u>0-13 01-1-13</u>	State, Federal or Free	
Location	Unit Letter	Feet From The	500	Feet From The
	Line of Section	Township	17S	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 type="checkbox"/>	Give address to which approved copy of this form is to be sent			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
If this production is commingled with that from any other lease or property				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation						
Perforations							
TUBING, CASING, AND HOLES		LOGGING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL		(Test must be run for a minimum of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Test Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Well Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Gas-MCF	
GAS WELL		Actual Prod. Test-MMCF/D	
Length of Test	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Well Pressure (Shut-in)	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.  
Artesia, Inc. (Signature)  
\_\_\_\_\_  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 21 1973  
W. A. Gressett  
\_\_\_\_\_  
\_\_\_\_\_  
(Signature)

This form is to be filed in compliance with RULE 1104.  
This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 1111.  
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, name or number, or transporter, or other such change of condition.