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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

RECEIVED

I. Operator Archer Oil Co.  
Address 901 2nd Street, Santa Fe, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ Range in Transporter of:  
Leakage ☐ Oil ☒ Dry Gas ☐  
Change in ownership ☐ Gas ☐ Condensate ☐  
Other (Please explain) From Archer Oil Co. to Archer Oil Co.  
If change of ownership give name and address of previous owner Archer Oil Co., Santa Fe, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>Archer</u>	<u>1</u>	<u>Archer</u>	State, Federal or Free
Location	State <u>New Mexico</u>		
Unit Number	Feet from The	Line and	Feet from The
<u>1</u>	<u>100</u>	<u>100</u>	<u>100</u>
Line of Section	Township	Range	County
<u>17</u>	<u>20</u>	<u>30</u>	<u>Santa Fe</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Archer Oil Co.</u>	<u>901 2nd Street, Santa Fe, New Mexico</u>	
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Archer Oil Co.</u>	<u>901 2nd Street, Santa Fe, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
<u>Archer</u>	<u>17</u>	<u>20</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>100</u>

If this production is commingling 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'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>					
Feet	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>100</u>	<u>Archer</u>	<u>100</u>	<u>100</u>					
Perforations	Depth Casing Shoe							
<u>100</u>	<u>100</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>					
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>					
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>					

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.)	
<u>100</u>	<u>100</u>	<u>100</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

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.

11-17-65  
(Signature)  
President  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1965, 19  
BY Mr. Armstrong  
TITLE Oil Conservation Commission

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.