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SANTA FE	1
FILE	1
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRODUCTION 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

I. OPERATOR	
Operator Artes Oil & Gas Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
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			
Lease Name Companero	Well No. #1	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal
Lease No. NM-0560415			
Location			
Unit Letter B	1190	Feet From The North	Line and 1490 Feet From The East
Line of Section 12	Township 27 North	Range 4 West	NMPM, Rio Arriba 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)		
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When

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	Gas Well	New Well
		X	
Date Spudded 12-17-69	Date Compl. Ready to Prod. 4-20-71	Total Depth 8225'	Plug Back X
Elevations (OF, RRB, RT, GR, etc.) 6830 Gr	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5576'	Same Rest'n. Diff. Rest'n. X
Perforations STAGE I 5962-70, 5940-44, 5928-32, 5892-5902, 2 SPF STAGE II 5584-90, 5566-76, 2 SPF		Tubing Depth 5888'	Depth Casing Shoe 8214'
TUBING, CASING, AND CEMENTING RECORD			
HOSE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	300'	205 Sacks
9-7/8"	7-5/8"	3943'	300 Sacks
6-3/4"	4-1/2"	Top 3821 - Bottom 8214	580 Sacks

V. TEST DATA AND REQUEST FOR ALLOWABLE			
(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 Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			APR 30 1971
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			OIL CON. COM.
			DIST. 3

GAS WELL			
Actual Prod. Test-MCF/D 5745	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1098	Casing Pressure (Shut-in) 1102	Choke Size 3/4

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APR 30 1971	
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.		APPROVED _____, 19	
		BY Original Signed by Emery C. Arnold	
		TITLE SUPERVISOR DIST. #3	
District Superintendent		This form is to be filed in compliance with RULE 1104.	
(Signature)		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.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
April 28, 1971		Fill out only Sections I, III, IV, and VI for changes of owner, well name or number, or transporter or other such change of condition.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	