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 TRANSPORTER OIL
 GAS
 OPERATOR _____
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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: **Arbec Oil & Gas Company**

Address: **Drawer 570, Farmington, New Mexico**

Reason(s) for filing (Check proper box):

New Well Change in Transporter of: Oil Dry Gas
 Re-completion Casinghead Gas Condensate **Corrected Form**
 Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name WHELEY "D"	Well No. 5	Pool Name, including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee
Location: Unit Letter G , 1790 Feet From The North Line and 1670 Feet From The East Line of Section 8 , Township 27N Range 9W , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 100 Pipelines to Plaquemine 90% New Mexico Pipelines to Shell	Address (Give address to which approved copy of this form is to be sent) Box 207, Bloomfield, New Mexico Box 200, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering System	Address (Give address to which approved copy of this form is to be sent) 1507 Pacific, Dallas, Texas
If well produces oil or liquid, give location of tank: Unit _____ Sec. _____ Twp. _____ Rge. _____	Is gas actually connected? When Yes 9-29-61

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	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Drilled	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Perforations	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

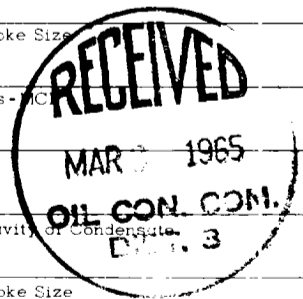
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 from This Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Original Signed By
Carl E. Jamison
 (Signature)
District Engineer
 (Title)
March 2, 1965
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **MAR 3 1965**, 19_____
 BY **Original Signed Emery C. Arnold**
 TITLE **Secretary Dist. # 3**

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.