

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (GTL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Paradise, New Mexico
(Place)

September 9, 1960
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Artes Oil & Gas Company (Company or Operator) **Block** (Lease), Well No. **13-0**, in **NE** $\frac{1}{4}$ $\frac{1}{4}$,
A Unit Letter, Sec. **12**, T. **27N**, R. **13W**, NMPM., **Wilburt Dakota** Pool
San Juan County. Date Spudded **7/23/60** Date Drilling Completed **8/13/60**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation **6950 ft.** Total Depth **7000** PBD **6000**
Top Oil/Gas Pay **6668** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6794-6792, 6668-6678**
Open Hole _____ Depth _____ Casing Shoe **6398** Depth _____
Tubing **6499**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

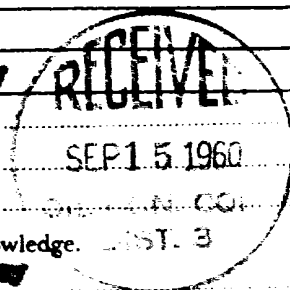
Tubing, Casing and Cementing Record
Size Feet Sx

Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: **447 - 4603** MCF/Day; Hours flowed **3 hrs.**
Choke Size **3/4** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **acid-water treated with 1500 lbs. water and 80,000# sand**
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____
Gas Transporter **Southern Union Gas Company**

Remarks:



I hereby certify that the information given above is true and complete to the best of my knowledge. **SEP 15 1960**
Approved _____, 19____

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**
Title **Supervisor Dist. # 3**

By: **ORIGINAL SIGNED BY JOE C. SALMON**
(Signature) **Joe C. Salmon**

Title **District Engineer**
Send Communications regarding well to:

Name **Artes Oil & Gas Company**
Address **Box 470, Paradise, New Mex.**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZT.C DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		
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SANTA FE	7	
FILE	7	✓
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TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE	1	
OPERATOR		