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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
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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-11
Effective 1-1-65

I. Operator
Artes Oil & Gas Company

Address
Box 570, Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease			
Jernigan		3	Basin Dakota	State, Federal or Fee Fed			
Location	Unit Letter	1990	Feet From The	Line and	1100	Feet From The	
	H			N		E	
Line of Section	24	Township	27N	Range	9W	County	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
McLeod Corp.	Box 1702, Farmington, New Mexico				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CO.	Box 398, Bloomfield, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually transported? When
	same				No

IV. COMPLETION DATA

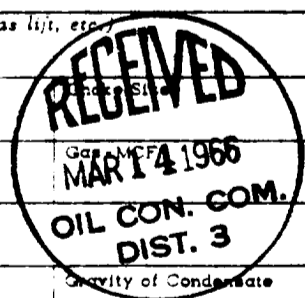
Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1/15/66	2/18/66	6622	6601					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth					
5085 GL	Basin Dakota	6362	6300					
Perforations	Depth Casing Shoe							
6352-6357, 6424-6445, 6496-6511 & 6577	6622							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8 - 204	321' IB	170 sz
7 7/8	5 1/2 - 14.0 & 15.5	6622	880 sz

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
5511	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pressure	443		3/4

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.

Joe C. Salmon (Signature)
District Superintendent
March 10, 1966 (Date)
ORIGINAL SIGNED BY JOE C. SALMON

OIL CONSERVATION COMMISSION

APPROVED 5-21 19 66
BY Emory Clavel
TITLE Sup Dist III

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 only Sections I, II, III, and VI 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.