

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
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

I. Operator **Artec Oil and Gas**

Address **Drawer 570 Farmington, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanks	Well No. 19	Pool Name, Including Formation South Blanco-Pictured Cliffs	Kind of Lease State, Federal or Fee Fed	Lease No. 87 077874
Location: Unit Letter P ; 1600 Feet From The North Line and 1600 Feet From The West Line of Section 5 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 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)	
Southern Union Gas	Box 815, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks. same	Unit	Sec. Twp. Rge. Is gas actually connected? When
		no

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 Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 6/7/66	Date Compl. Ready to Prod. 6/30/66	Total Depth 3080	P.B.T.D. 3055					
Elevations (DF, RKB, RT, GR, etc.) 6917 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2956	Tubing Depth 3001					
Perforations 2962-75, 2985-89 2 SPT			Depth Casing Shoe 3076					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
2-1/2	8-5/8	178	120 ex					
7-7/8	4-1/2	3076	325 ex					
	1"	3001						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be sufficient to 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1599	Length of Test 3 hr	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 610	Casing Pressure (shut-in) 610	Choke Size 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.

ORIGINAL SIGNED BY JOE C. SALMON

(Signature)

District Superintendent

(Title)

July 5, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 11 1966**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR 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 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.