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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (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

1-6-65

(Place)

(Date)

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

Artec Oil & Gas Company A. D. HUDSON, Well No. 5-D, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator) (Lease)

C, Sec. 27, T. 27N, R. 9W, NMPM, Dadon Pool

Unit Letter

Sam Jones

County. Date Spudded 7-24-64

Date Drilling Completed 7-29-64

Please indicate location:

Elevation 6357 Total Depth 6849 FBTD 6755

Top Oil/Gas Pay _____ Name of Prod. Form. Illinois

PRODUCING INTERVAL -

Perforations _____

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

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 Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new Press. _____ oil run to tanks _____

Oil Transporter Plateau, Incorporated

Gas Transporter Southern Union

Remarks: R. connection date 7-29-64

No test after Workover

OLD WELL WORKED OVER

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JAN 11 1964, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title _____

(Company or Operator)
ORIGINAL SIGNED BY JOE C. SALMON

By: _____ (Signature)
District Superintendent

Title _____
Send Communications regarding well to:

Name Artec Oil & Gas Company
Drawer 570, Paradise, New Mexico

Address _____

