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NEW MEXICO OIL CONSERVATION COMMISSION

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

REDEVELOPMENT ~~WELL~~ (GAS) ALLOWABLE

Plug-back and Recomplete

This form shall be submitted by the operator in the well which will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRANTAL to the District Office to which Form C-101 was sent. The allowable will be assigned effective 7:01 A.M. on the day following completion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be the date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported in cubic feet in 60° Fahrenheit.

Farrington, New Mexico

April 14, 1961

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE BEING FILED KNOWN AS

Artec Oil and Gas Company

Robinson

Well No. **4-9**

in NW $\frac{1}{4}$

SE $\frac{1}{4}$

SW $\frac{1}{4}$

(Company or Operator)

D

Sec. **22**

T. **28N**

R. **13W**

Cor. Cor. Gallup

Pool

Unit Letter

San Juan

Re-entered well

3/14/61

Date Drilling Completed

4-13-61

Please indicate location.

Elevation **6048 S.L.**

Gravel Bank

PBTD

5010

Top Oil/Gas Pay **5300**

Name of Prod. Form.

Gallup

PRODUCTION INTERVAL

Perforations **5670-80 and 5720-42, with 6 shots per foot**

Open Hole

Depth

Depth

Tubing **5689**

OIL WELL TEST -

Natural Prod. Test: _____ this water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of acid oil used): **54** hrs, oil **0** bbls water in **24** hrs, _____ min. Choke **1**

GAS WELL TEST -

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

Method of testing (fracture, 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) **Fraced with 50,000 gal. 12 1/2% HCl. oil, flushed w/ 186 H2O. oil.**

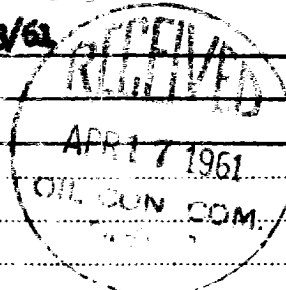
Casing _____ Tubing _____ Date first run **4/13/61**

Press. _____ Date run to tanks

Oil Transporter **Four Corners Pipeline**

Gas Transporter

Remarks:



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

Approved **APR 17 1961**

Artec Oil and Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

ORIGINAL SIGNED BY **JOE C. SALMON**

(Signature)

By: **Original Signed Emery C. Arnold**

Title: **District Superintendent**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name **Artec Oil and Gas Company**

Drawer # 570, Farrington, New Mex.

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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