

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

Operator
Artec Oil & Gas Company

Address
P. O. Drawer 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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"/>

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 Pool Unit	Type of Lease
Mangum		3 Fulcher Kutz, Pictured Cliffs	State Federal or Fee Fee
Location	Unit Letter	Feet From The	Line and
	J	1650	South
			1650
			East
Line of Section	Township	Range	County
28	29N	11W	San Juan

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 street address if 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 street address if approved copy of this form is to be sent)
Southern Union Gas Company	P. O. Box 398, Bloomfield, New Mexico
If well produces oil or liquids, give location of tanks.	Yes

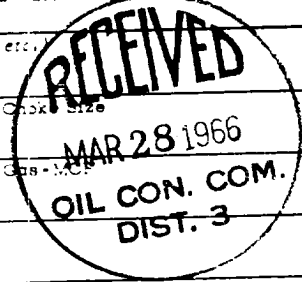
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Deepen	Side Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1747	1747		
3/8/66	3/14/66	Top of Gas	1748	1747		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas	1628	1675		
5494	Pictured Cliffs	Depth Casing Shoe		1747		
Perforations				1747		
1628-40, 1660-70, 2 shots per foot						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPT. (FEET)	SACKS CEMENT
4-3/4"	3 1/2" - wt. 6.9	1747	225 sacks
	1" - " 1.7	1675	

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 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/MCF	Gravity of Condensate
925			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	107	68	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**

Joe C. Salmon (Signature)
District Superintendent (Title)
March 24, 1966 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 28 1966**, 19____

BY **Original Signed Ernest 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.