

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~XXXX~~ 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 QUADRUPPLICATE 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.

Farmington, New Mexico
(Place)

February 21, 1961
(Date)

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

Artee Oil and Gas Company
(Company or Operator)

Regood, Well No. **17-6**, in **SW** $\frac{1}{4}$ $\frac{1}{4}$,
(Section)

C, Sec. **29**, T. **29N**, R. **13W**, NMPM., **North Gallup** Pool

San Juan

County. Date Spudded **1/30/61**

Date Drilling Completed **2/8/61**

Please indicate location:

Elevation **5734 S.L.**

Total Depth **5798** PBD **5768**

Top Oil/Gas Pay **5160**

Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **5531 - 5543 with 6 shots per foot**

Open Hole _____ Depth _____ Casing Shoe **5597** Depth _____ Tubing **5541**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **345.91** bbls. oil, **0** bbls water in **24** hrs, **--** min. Choke Size **20/64**

GAS WELL TEST -

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

Method of Testing (pilot, 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): **2000-4000 gal. acid w/ 20,000 gal. sand and 800 bbls. oil, finish with 250 bbls. oil**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **2/17/61**

Oil Transporter **El Paso Natural Gas Products Co. (via Luna-Burns Trucking)**

Gas Transporter _____

Remarks: _____

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

Approved **February 21, 1961**, 19____

Artee Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ ORIGINAL SIGNED BY JOE C. SALMON

(Signature) **Joe C. Salmon**

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

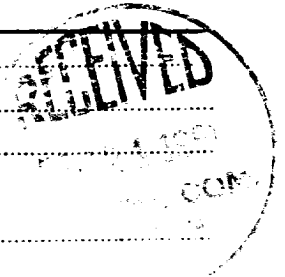
Title: **District Superintendent**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name: **Artee Oil and Gas Company**

Address: **Box # 570, Farmington, N.M.**



STATE OF NEW MEXICO	
OIL CONSERVATION DIVISION	
ADJUTANT GENERAL'S OFFICE	
NUMBER OF COPIES RECEIVED	
DATE	
SANTA FE	
FILE	
U.S.G.S.	
LARD OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	