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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

Artee Oil & Gas Company	
Box 570, Farmington, New Mexico	
Check (For Filing) (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Eve	#13
Pool Name, including Formation	
Basin Dakota	
Kind of Lease	
State, Federal or Fee ST-078198	
Location	
Unit Letter	1020 Feet From The
D	North Line and
	990 Feet From The
	West
Line of Section	12 Township
	30 North Range
	11 West, NMPM,
	San Juan County

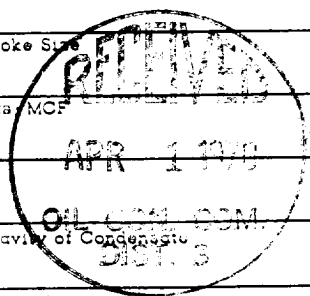
TRANSPORTER OF TRANSPORTED OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Platsau	Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering	Box 398, Bloomfield, New Mexico
If well produces oil or liquids, give location of tanks.	Unit
	Sec.
	Twp.
	Rge.
	Is gas actually connected?
	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE		(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 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 TEST		Oil-Gal. Bbl.	
Actual Prod. Tub-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



OIL CONSERVATION COMMISSION	
APR 1 1970	
APPROVED	
BY Original Signed by Emery C. Arnold	
SUPERVISOR DIST. #8	
TITLE	
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 completion tests taken on the well or wells with hole 1104.	
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	

[Signature]

District Superintendent

(This)

March 31, 1970

(Date)