

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form O-104
Superseded by
Effective 1-1-66

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ILLECIBLE

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Operator Artes Oil & Gas Company
Address P. O. Drawer 570, Farmington, New Mexico

Reason for filing (Check proper box)
 New Well Change in Transporter of:
 Completion 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 Hale Well No. 4 Pool Name, including Formation Blanco Mesaverde Kind of Lease State, Federal or Fee SF-079037
 Location
 Own Letter 11 405 Feet From The North Line and 405 Feet From The East
 Line of Section 34 Township 31N Range 5W NMPM, San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Warehouse Transporter of Oil or Condensate P.O. Box 208, Farmington, New Mexico
 Name of Warehouse Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) _____

Is well producing oil or liquids, give location of lease	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: _____

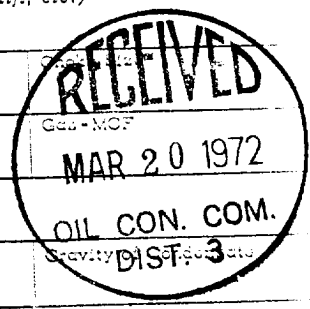
DESIGNATE TYPE OF COMPLETION - (X)
 Oil Well Gas Well New Well Workover Deepen Plug Back Same as existing

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (SS, RMB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Well Size	Casing & Tubing Size	Depth Set	Sacks of Cement

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or greater than 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 _____
 Method Used During Test _____ Oil-Base _____ Water-Base _____
 Method of Test-MOF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity _____
 Method of Test (flow, back pr.) _____ Tubing Pressure (24-24) _____ Casing Pressure (24-24) _____ Choke Size _____



VII. 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.
James P. Johnson
 District Superintendent
 March 20, 1972 (Date)
 _____ (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAR 20 1972
 BY Original Signed by Emery C. Arnold
 TITLE SUPERVISOR DIST. #3
 This form is to be filed in compliance with...
 If this is a request for allowable for a new well, this request must be accompanied by a number of tests taken in accordance with rules...
 All a request of this form must be filled out on site on a well that has been tested wells.
 Fill out only Sections I, II, III, and VI (Give well name or number, or transporter or other such as...)
 Separate Forms C-104 must be filed for each completed well.