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	GAS 1
OPERATOR	1
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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

Operator
Artec Oil & Gas Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Dry Gas ☐

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☒

Change in Ownership ☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name Nye	Well No. 10	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF-078198	Lease No.
Location				
Unit Letter 0	790	Feet From The South	Line and 1850	Feet From The East
Line of Section 12	Township 30N	Range 11W	, NMPM, San Juan County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ So. Union Gathering	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

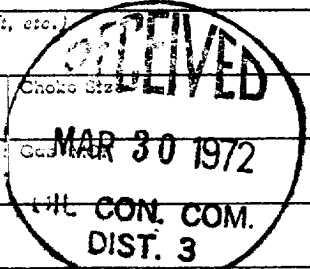
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'n.	Diff. Rest'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.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 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 66 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 - Bbls.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Static-24)	Casing Pressure (Static-24)	Choke Size

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.

John A. Arnold
(Signature)
District Superintendent
(Title)
March 28, 1972
(Date)

OIL CONSERVATION COMMISSION
MAR 30 1972

APPROVED _____, 10

BY Original Signed by Emery 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 multiple completed wells.