

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
STATE FILE	1
FEE	1
CHARGE	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
PRODUCTION OFFICE	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-164
Supersedes O.C. Form O-126
Effective 1-1-65REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASCompany
Artes Oil & Gas CompanyAddress
P. O. Drawer 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

III. DESIGNATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
East	5	Basin Dakota	State, Federal or Fee	SF1037432
Location	N 990	Feet From The South	Line and 1650	Feet From The West
Unit Letter	X	24	Township 51N	Range 12W
Line of Section	24	Township	51N	Range 12W
			NMPM	San Juan
				County

IV. TRANSPORTER OF TRANSPORTER OF 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)			
Pintcan		P. O. Box 103, 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					
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:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Revert	Other Revert
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OF, RND, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS OF CEMENT					

VI. 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 10% 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
Actual Prod. During Test	Oil-DBH	Water-DBH
Grav. of Oil	Grav. of Condensate	Grav. of Gas
Actual Prod. Test-MCF/D	Length of Test	Color, Consistency/MCOF
Testing Method (pilot, back prod.)	Tubing Pressure (Static-DB)	Casing Pressure (Static-DB)
		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.

District Superintendent

March 23, 1972

OIL CONSERVATION COMMISSION

MAR 30 1972

APPROVED
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 well, the request must be accompanied by a tabulation of the relevant data in accordance with RULE 111.

If this form must be filled out completely for all wells, including recompleted wells.

This form complies with RULES I, II, III, and VI for changes of completion, workover, pump, or transporter or other such change of operating conditions.

Form O-164 must be filed for each well in compliance with RULE 1104.

