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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I.

Operator Artec Oil & Gas Company	
Address P. O. Box 837, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amerada State	Well No. 1	Pool Name, including Formation Arkansas Function-San Andres	Kind of Lease Undesignated	State, Federal or Fee State	Lease No.
Location					
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West	
Line of Section 12	Township 18S	Range 36E	, NMFM,		LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> W McWood Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Petroleum Bldg., Abilene, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12	Twp. 18S	Rge. 36E	Is gas actually connected? Yes When 6-26-61

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-4-60	Date Compl. Ready to Prod. 6-3-66		Total Depth 5210		P.B.T.D. 5170			
Re-Spud 5-5-66	Name of Producing Formation San Andres		Top Oil/Gas Pay 4952		Tubing Depth 4950			
Elevations (DF, RKB, RT, GR, etc.) 3783 DF	Perforations 5143-5161, 5060-70, 4998-5004, 4952-60		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/4" 8"	CASING & TUBING SIZE 13" 7" 4-1/2" (Liner) 2-3/8"		DEPTH SET 305 4639 731 4950		SACKS CEMENT 300 SXS. 150 SXS. 100 SXS.			

V. 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 be for full 24 hours)

Date First New Oil Run To Tanks 6-12-66	Date of Test 6-12-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure 200	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 24	Water-Bbls. 20	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

original signed
LESTER L. [Signature]

(Signature)

District Superintendent

(Title)

June 13, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 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 multiply completed wells.