

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Aztec Oil & Gas Company				Lease State MD-36		Well No. 2	
Unit Letter I	Section 36	Township 22-S	Range 37-E	County Lea			
Pool Blinbry				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter J	Section 36	Township 22-S	Range 37-E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company				Address (give address to which approved copy of this form is to be sent) P. O. Box 1821 Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company		Date Con- nected 10-27-64	Address (give address to which approved copy of this form is to be sent) Emice, New Mexico				

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☒
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐

Change in Ownership ☐
Other (explain below)

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd. day of November, 1964

OIL CONSERVATION COMMISSION		By original sign. of [Signature]
Approved by [Signature]	Title District Superintendent	
Title	Company Aztec Oil & Gas Company	
Date	Address P. O. Box 837, Hobbs, New Mexico	

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-101)
Revised 7/1/57

REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

New Well

~~EXHIBIT~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

November 3, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Artec Oil & Gas Company

State ND-36

Well No. **2**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

I

Sec. **36**

T. **22-S**

R. **37-E**

NMPM.,

Drinkard

Pool

Unit Letter

Lea

County. Date Spudded. **9-19-64**

Date Drilling Completed **10-9-64**

Elevation **3305.2 O.L.**

Total Depth **6951 K.B.** PBTD **6919 K.B.**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **6591** Name of Prod. Form. **Drinkard**
 PRODUCING INTERVAL - **6591, 6601, 6602, 6617, 6631, 6633, 6645, 6661, 6676,**
6686, 6696, 6705, 6710, 6720, 6734, 6747, 6777, 6844,
6848, 6851, 6864, 6872, 6876, 6885, 6887, 6897, 6900, 6904, 6910
 Perforations

Open Hole _____ Depth **6947** Depth **6676**
 Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **40** bbls. oil, **20** bbls water in **24** hrs, **0** min. Choke Size **24/64**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **3630 gals 1% acid. Acid Fraced w/25000 gals 3% & 200000 sand.**

Casing Press. **PKr.** Tubing Press. **100** Date first new oil run to tanks **October 31, 1964**

Oil Transporter **Texas-New Mexico Pipeline Company**

Gas Transporter **Shelly Oil Company**

Remarks: **This is dualled with Klinebry.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Artec Oil & Gas Company

(Company or Operator)

By: _____ (Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **Artec Oil & Gas Company**

P. O. Box 837, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Artec Oil & Gas Company				Lease State ND-36		Well No. 2
Unit Letter I	Section 36	Township 22-S	Range 37-E	County Lea		
Pool Drinkard				Kind of Lease (State, Fed, Fee) State		
If well produces oil or condensate give location of tanks		Unit Letter J	Section 36	Township 22-S	Range 37-E	

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (give address to which approved copy of this form is to be sent) P. O. Box 1821 Midland, Texas
--	--

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company	Date Connected 10-31-64	Address (give address to which approved copy of this form is to be sent) Emice, New Mexico
--	-----------------------------------	--

If gas is not being sold, give reasons and also explain its present disposition:

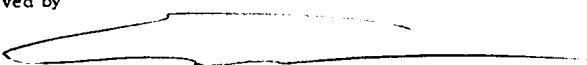
REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☐ Dry Gas ☐
Casing head gas ☐ Condensate ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd. day of November, 19 64.

OIL CONSERVATION COMMISSION		By original signed by LESTER L. DUKE
Approved by 	Title District Superintendent	
Title	Company Artec Oil & Gas Company	
Date	Address P. O. Box 837, Hobbs, New Mexico	