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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR ~~RECOMPLETION~~ (GAS) ALLOWABLE

~~RECOMPLETION~~
Recompletion

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.

Durango, Colorado

10-1-64

(Place)

(Date)

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

Continental Oil Company

AXI Apache "A"

Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

D

Sec. 15

T. 23N

R. 5W

NMPM.

Ballard Pictured Cliffs

Pool

Unit Letter

Rio Arriba

County. Date Spudded. 6-27-54

Date Drilling Completed 9-1-54

Elevation 6854' GR 6865' KB Total Depth 7660' PBD 5600'

Please indicate location:

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

990' FNL, 1140' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Size

13 3/8	429'	375
9 5/8	2339'	1000
5 1/2	6762'	1020

Top Oil/Gas Pay 2257' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2257'-67', 2293'-2305'

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 2248'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: 1200 MCF/Day; Hours flowed 3

Choke Size _____ Method of Testing: 3 point deliverability

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand) 34,000# sand 37,800 gal. water & 5 gal. "ADOMITE" additive

Casing _____ Date first new _____
Tubing _____
Press. _____ Press. 200# oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____

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

Approved OCT 2 1964, 19____

Continental Oil Company

(Company or Operator)

Original Signed By:

By: H. D. HALEY (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title District Manager

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name H. D. Haley

NMOCC (4) HDH ABC

Address P. O. Box 3312, Durango, Colorado