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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
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 QUADRUPLICATE 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

7-13-64

(Place)

(Date)

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

Continental Oil Company AXI Apache "H" Well No. 14 in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

O, Sec. 6, T. 23N, R. 5W, NMPM, Ballard Pictured Cliffs Pool

Unit Letter

Rio Arriba

County. Date Spudded 6-23-64 Date Drilling Completed 6-25-64

Elevation 6801' GR, 6811' RB Total Depth 2375' PBTD 2337'

Please indicate location:

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

Top Oil/Gas Pay 2227' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations

Open Hole _____ Depth _____ Casing Shoe 2375' Depth _____ Tubing 2221'

OIL WELL TEST -

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

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: 546 MCF/Day; Hours flowed 3 hrs,

Choke Size Open Method of Testing: Orifice meter

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000# sand, 30,000 gals. water, 5 gals. "ADOMALL" additive.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ 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: JUL 14 1964, 19____ Continental Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

NMOCC(4) HDH ABC

Original Signed By _____
By: F. E. Ellis
(Signature)

Title Assistant District Manager

Send Communications regarding well to:

Name H. D. Haley

Address Box 3312, Durango, Colorado

