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OPERATOR	2	
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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		Continental Oil Company		
Address		Box 440 Hobbs New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	☐	Change in Transporter of:	TRANSPORTER'S NAME CHANGE	
Recompletion	☐	Oil		☐
Change in Ownership	☐	Casinghead Gas		☐
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name and address of previous owner _____

II.

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
AXI APACHE "C"		6	PALLAD PICTURED CLIFFS	State, Federal or Fee	INDIAN
Location					
Unit Letter	D	990	Feet From The	NORTH	Line and
		990	Feet From The	WEST	
Line of Section	3	Township	23-N	Range	5-W, NMPM, RIO ARriba County

III.

DESIGNATION 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)		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)		
GAS COMPANY OF NEW MEXICO		FIRST INTERNATIONAL BLDG. 1201 ELM ST. DALLAS, TEXAS 75201		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
No				

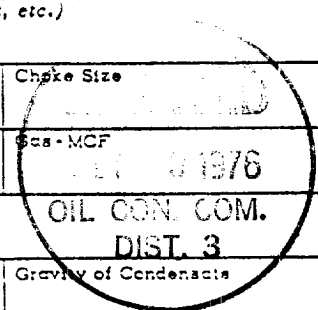
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV.

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, R&B, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
GAS WELL		Length of Test		Bbls. Condensate/MMCF	
Actual Prod. Test - MCF/D		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
Testing Method (pilot, back pr.)				Choke Size	



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.	
_____ (Signature)	
_____ (Title)	
September 7, 1976 (Date)	
WABCO-AZTEC (S) - FILE	

OIL CONSERVATION COMMISSION	
APPROVED SEP 9 1976, 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.	