			1	
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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C+104			
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes 01d C-104 and C-11			
FILE	REGUEST	AND	Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TRA	INSPORT OIL AND NATURAL GA	25	
LAND OFFICE	AUTHORIZATION TO TRA	MIST ORT OIL AND MATORAL OF		
OIL	-			
TRANSPORTER GAS /				
OPERATOR 2	_			
PRORATION OFFICE	-			
- Sperator				
Comoco Inc.				
P.O. Box 460	, Hobbs, New Mexico 8324	40		
Reasons) for filing , Lheck proper bo		Other (Please explain)		
New Well	Change in Transporter of:	Change in Transporter of: Change of corporate name from		
Recompletion	Ott Dry Go	on Dry Gos Continental Oil Company effective		
Change in Ownership	Castrighead Gas Conder			
Libride in Cwheranty	Custingnoid due (L.)			
If change of ownership give name and address of previous owner				
•	LEASE			
DESCRIPTION OF WELL AND	Wall Ma Cont Mana Including S.	crmitton Kind of Lease	cr Fee INDIAN C 39	
AXI Apache C	6 Ballard Pic	tured Ciffs State, Federal	L 37	
1	Feet From The N Lin	ne and 990 Feet From Ti	ne	
Line of Section 3	whiship 23-N Range	5-W, NMPM, RID A	criba county	
Line of Section	Wilsian & J. 7. Manage			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which approve	ed copy of this form is to be sent;	
I Same of Asimstrate Hampshare		1 1 1		
Name or Authorized Transporter of C	singneda Gas or Dry Gas 🔀	Address Give address to which approve First International Bids	ed copy of this form is to be sent)	
1		First International Bldg	Teves 75 270	
Gas Company of Ne	w Mexico	120/ E(m St., Dalla Is gas actually connected? When	<u> </u>	
If well produces oil or liquids,	Unit Sec. Twp. Age.	is gas detainy connected:	••	
give location of tanks.		1		
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
. COMPLETION DATA	Oi: Well Gas Weil	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty	
Designate Type of Complet		New West Hotzover Beesen	!	
		1	P.B.T.D.	
Date Spuaded	Date Comp., Ready to Prod.	Total Depth	F.S.1.5.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
-				
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	1			
	ı			
	<u></u>			
	COD ALLOWADIE (T	after recovery of total volume of load oil o	and must be equal to or exceed too alim	
. TEST DATA AND REQUEST	TUR ALLUHADLE (Test must be able for this d	after recovery of total volume of toda off t lepth or be for full 24 hours)		
OIL WELL Date First New Ct. Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in	t, etc.)	
Date Plantines Circumstance				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Long St. 1991			CELLIVEN	
Actua, Prea, During Test	Off-Bbls.	Water-Bbls.	Gas - MC	
Reital F.o. Barry . est			I I I See the Mark & see	
			JUN 19 1979	
GAS WELL			•	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity Oll. CON. COM.	
			DIST. 3	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size	
1				
CONTINUE OF COUNTY	NCF.	OII CONSERVA	TION COMMISSION	
I. CERTIFICATE OF COMPLIA	.ICE			
	d 1 1	APPROVED JUN 1	9 1919 19	
Commission have been complied	d regulations of the Oil Conservation with and that the information given	Charinal Stoned by	FRANK T. LHAVEZ	
above is true and complete to	he best of my knowledge and belief.	BY	The second secon	
		DEPHILY OIL GU	Res Ball Balling State Comme	

Division Manager

FILE

NMOCD (5) Aztec

(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.