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	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISS	SION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old	
	FILE / A		AND		Effective 1-1-65	
	U.S.G.S.	_ AUTHORIZATION TO TR	ANSPORT OIL AND NA	TURAL GAS		
		-				
	TRANSPORTER GAS /					
	OPERATOR 2	-				
	PRORATION OFFICE	-				
I.	Operator	<u> </u>				
	CONTINENTAL OIL COMPANY					
	Address ,					
	DO Box do	HOEBS. N. A	M. 88240	•		
	P.O. Box 460 Reason(s) for filing (Check proper box	1100000, 1111	Other (Please ex	(plain)		
	New We!1	Change in Transporter of:				-
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate						
						
	If change of ownership give name and address of previous owner		•			
II.	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool Name, Including	_	ind of Lease	INDIAN	Lease No.
	AXI APACHE "P	" 3 BALLARD	PC st	ate, Federal or F	ee	45
	Location					
Unit Letter M; 990 Feet From The SOUTH Line and 990 Feet From The WEST						
					1	
	Line of Section To	wnship 25/7 Range	↓ W , NMPM,	K10 1	AR.E.1.BA	County
III.	DESIGNATION OF TRANSPOR		AS Address (Give address to v	17.1		
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to t	vnich approvea co	py of this form is to	be sent)
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🔀	Address (Circaldess to	17.1		
	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 DALLAS, TEXAS					
	CIAS COMPANY O	 	Is gas actually connected?			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1 .		م بسر . د د د د د د د	· ·
	give location of tanks.	<u> </u>	YE5		10-10-77	<u></u>
	If this production is commingled wi	th that from any other lease or pool,	give commingling order nu	ımber:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Pluc	Back Same Res'v	. Diff. Res'v.
	Designate Type of Completi	on – (X)		1	I I	1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B	.T.D.	. 1
	7-29-66 Elevations (DF, RKB, RT, GR, etc.)	7-15-66	2559	7	2529	, ,
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		ing Depth	
	GR 6978'	PICTURED CLIFFS	Top Oil/Gas Pay		2450	•
			······································		Depth Casing Shoe	
	1473-80', 1484-89', 1495-97',		2501-03		2559	
			D CEMENTING RECORD			
	HOLE SIZE ,	CASING & TUBING SIZE	DEPTH SET		SACKS CEME	NT
	12 14 "	9 5/2"	173'		100	
	7 7/8"	3 /2 "	2559'		200	
		1 1/2. "	2450'	·		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be d	after recovery of total volume	of load oil and m	ist be equal to or ex	ceed top allow-
	OIL WELL	able for this d	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p.	ump, gas lift, etc.		or Br. My
	Length of Test	Tubing Pressure	Casing Pressure	Cho	k-eff	Kin bas
					1 1	1077
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas	-MCF ant 20	
			ļ. <u></u>		400	$CO_{M^{*+}}$
			· · · · · · · · · · · · · · · · · · ·		OIL CON	.3 T
	GAS WELL		· · · · · · · · · · · · · · · · · · ·		F. Dia.	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gra	vity of Condensate	
	225 CAOF	3 HRS				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Cho	ke Size 3/1/11	
	SP	700	_		14	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
			•			
			APPROVED 1077			

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.

NMOCE, AZTEC (5) - USGS, DURANGO (2)

By Original Signed by A. R. Kendrick

SUPERVISOR DIST. 43

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.