

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

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

(Place)

7/15/64

(Date)

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

Continental Oil Company

(Company or Operator)

AXI Apache "H"

(Lease)

Well No. 13, in SE $\frac{1}{4}$, SE $\frac{1}{4}$,

P Sec 31, T 24N, R 5W, NMPM, Ballard Pictured Cliffs Pool

Rio Arriba

Please indicate location:

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

990' FSL, 1075' FSL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 5/8</u>	<u>207</u>	<u>100</u>
<u>4 1/2</u>	<u>2375</u>	<u>165</u>
<u>2 3/8</u>	<u>2129</u>	

County. Date Spudded 6-17-64 Date Drilling Completed 6-21-64

Elevation 6638' GR, 6648' BB Total Depth 2375' PSTD 2322'

Top Oil/Gas Pay 2132 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2132'-42', 2148'-58' and 2172'-82'

Open Hole _____ Depth _____ Casing Shoe 2375 Depth _____ Tubing 2129

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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: 1900 MCF/Day; Hours flowed 3 hrs.

Choke Size 1 1/2" 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. "ADMAL" additive

Casing _____ Tubing _____ Date first new _____ 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 16 1964, 19____

Continental Oil Company

Original (Signature of Operator)

H. D. HALEY

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title District Manager

Send Communications regarding well to:

Name H. D. Haley



