NO. CF COPIES RECE	NO. CF COPIES RECEIVED		
DISTRIBUTIO			
SANTA FE		1	
FILE	ILE		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	Z	
HANSPORIER	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

٢	NO. CF COPIES RECEIVED			· · · · · · · · · · · · · · · · · · ·			
ľ	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C -104			
	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR 2	]					
1.	PRORATION OFFICE						
	Operator						
	CONTINENTAL OIL COMPANY						
	P.O. Box 460, HOBBS NEW MEXICO  Reason(s) for filing (Check proper box)  Other (Please explain)						
	Reason(s) for filing (Check proper box	TOBBS	Other (Please explain)				
	New Well	Change in Transporter of:		•			
	Recompletion	Oil · Dry Gas	s 🔀				
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name						
	and address of previous owner			· · · · · · · · · · · · · · · · · · ·			
**	DECODINATION OF WELL AND	IEACE	•	CONTRACT			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	INDIAN Loca No.			
	AXI APACHE I	BALLARD PICT	URED CLIFFS State, Federal	or Fee			
	Location			_			
	Unit Letter P : 90	O Feet From The South Line	e andFeet From T	the EAST			
	10		111 7	1			
	Line of Section 19 Tov	waship 24- N Range	4-W, NMPM, K10	ARRIBA County			
	PECIONATION OF TRANSPORT	TED OF OU AND NATURAL GA	•				
ш.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed 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 COMPRNY OF		DALLAS, TEXAS				
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When						
	give location of tanks.						
		th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gcs Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.			
	Designate Type of Completic	on – (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5-15-77	6-23-77	2815	2646'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
		R 6733' PICTURED CLIFFS		Depth Casing Shoe			
	25/7 · 257	oʻ		. 2791'			
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 "4"	8 5/8"	513'	310 5x.			
	6 3/4 "	2 7/9"	2791	250 5 X.			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water - Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	HQIGI - DDIE.				
				<del></del>			
	GAS WEI I	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	876 CAOF	3 Hes.	_				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4 "			
	BP		510	<u></u>			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
			APPROVED.	, 19			
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.			By Original Signed by				
			BY	· · · · · · · · · · · · · · · · · · ·			
	·		TITLE SUPERVISOR DIST. 55				
	<b>,</b> .			compliance with RULE 1104.			
	C. L. Bradley	2	If this is a request for allow	able for a newly drilled or deepened			
C. M. Fina my			melt this form must be accompanied by a tabulation of the deviation				

Stoff Gest

(Title)

8-8-77

(Date)

NMOCC. AZTEC (5) - USGS- DURANGO (2)

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.