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	GAS	1
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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

Operator CONTINENTAL OIL COMPANY		
Address P.O. Box 460 HOBBS, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE				CONTRACT
Lease Name AX1 APACHE "O"	Well No. 11	Pool Name, Including Formation S. BLANCO P.C.	Kind of Lease INDIAN	Lease No. 122
Location				
Unit Letter N	1625	Feet From The SOUTH	Line and 1105	Feet From The WEST
Line of Section 3	Township 25N	Range 4W	NMPM, RIO ARriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)	
GAS COMPANY OF NEW MEXICO			DALLAS, TEXAS	
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: _____

V. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
		X	X						
Date Spudded 6-14-77	Date Compl. Ready to Prod. 7-18-77		Total Depth 3810'		P.B.T.D. 3746'				
Elevations (DF, RKB, RT, GR, etc.) 7207'	Name of Producing Formation PICTURED CLIFFS		Top Oil/Gas Pay 3725'		Tubing Depth				
Perforations 3726 - 3743'					Depth Casing Shoe 3766'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH/SET		SACKS CEMENT				
12 1/4"	8 5/8"		498'		310				
6 3/4"	2 7/8"		3766'		150				

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D 1004 CAOF	Length of Test 3 Hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) BP	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 928	Choke Size 3/4"

VI. 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.	
C.R. Bradley (Signature)	
Asst. Staff Asst (Title)	
8-19-77 (Date)	
NMOCC-AZTEC (5) - USGS-DURANGO (2) EXXON - BEA - FJLE	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY Original Signed by A. R. Kendrick	
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.	