_				/ .
	NO. OF COPIES RECEIVED		and the second of the second o	Same and the same a
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	_
	SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1.
	FILE /	7	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	CAS CONTRACTOR
	LAND OFFICE		AND ON TOP AND NATURAL	5A3
	TRANSPORTER GAS /			
	OPERATOR 2	-		
ı	PRORATION OFFICE	The second section is a section of	·	
••	Operator			
	CONTINENTAL OIL COMPANY			
	Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box)			
	BOX 260 HOBBS NEW MEXICO 88220			
	Reason(s) for filing (Check proper box	x)	Other (Please explain)	70
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Go	as X	
	Change in Ownership	Casinghead Gas Conde		
	If change of ownership give name and address of previous owner		····	
11.	DESCRIPTION OF WELL AND			
	Lease Name	Lease No. Well No. Pool No.	ame, Including Formation	Kind of Lease JND1AN
	AXI APACHE	D 3 BA	LLARD P.C.	State, Federal or Fee
	Location	and the state of		, 1
	Unit Letter ; 3	Feet From The NORTH Lir	ne and 970 Feet From	The WEST
	10	- 1 pt	111 0	1
	Line of Section 7 To	wnship Range	4-W, NMPM, BJ	2 FIREISA County
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved 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)			
	ELPASO NATURAL	GAS COMPANY	ELPASO TEXAS	_
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en
	give location of tanks.	·	No	
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
W.	COMPLETION DATA			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
			X	1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	II-2-17 Elevations (DF, RKB, RT, GR, etc.)	//- /9-77 Name of Producing Formation	2790	2751
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
	66853	PICTURED CLIFFS	2460	2445
	Perforations			Depth Casing Shoe
	2460-69, 2	510-173		2790'
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 14"	8 5/9"	522'	310 (CIRC. 100 5x.)
	77/8"	4 1/2 "	2790'	200
		144	2445!	
ĺ	· · · · · · · · · · · · · · · · · · ·			
	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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed to other top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable (Test must be after recovery of total volume of load oil and must be after recovery of total volume of load oil and must be after recovery of total volume of load oil and must be after recovery of total volume of load oil and must be after recovery of total volume oil and top allowable (Test must be after recovery oil allowable (Test must be after recovery oil allowa			
;	OIL WELL	able for this de	pth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
,	1 and 100	The Paris of the P		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size
ļ	Assert Park Day 2	00 000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GM-MCF-0271978
I		L		The state of the s
	CAC WELL			/ON COM COM
r	GAS WELL	I make of The	l pu	DIST. 3
	Actual Prod. Test-MCF/D	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
	673 CAOF	<u> </u>		
ĺ	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size 3// "
L	BACK PR.	S.I: 650 FTP; 38	5.1.650 FCP: 216	14
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION
			17 6 9 7 1978	
	I hereby certify that the rules and r	regulations of the Oil Conservation	BY Original Signed by A. R. Kendrick	
	Commission have been complied w	vith and that the information given		
above is true and complete to the best of my knowledge and belief.			By Original Signed by A. R. Rener Ton	

TITLE .

REA - FILE

(Signature)

NMOCE (AZTEC) 5- USGE (DUEANGO) 2 - EXXON-

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DEST. S.A.

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.