NO. OF COPIES RECEIVED		iS.	
DISTRIBUTION			
SANTA FE		17.	
FILE SHOWS		7	
U.S.G. S.			
LAND OFFICE			
TRANSPORTER	OIL		L
	GAS	<u> </u>	
OPERATOR		2	
PRORATION OFFICE			
Operator			

			and Alberta Andrew	
NO. OF COPIES RECEIVED				
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65			
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE				
TRANSPORTER GAS /				
OPERATOR CONTRACT				
PRORATION OFFICE Operator				
CONTINENTA	94 OIL COM.	PANY		
Address	-		240	
P, O, Box 460 Reason(s) for filing (Check proper box)		Other (Please explain)	240	
New Well	Change in Transporter of:	. Office (1 tease explain)		
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condens	sate 🔲		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND I	EACE		CONTRACT	
Lease Name	Well No. Pool Name, Including For			
AXI APACHE -	30 GONZALE	E 5 M. V. State, Federal	or Fee 147	
Location	/ / /	211		
Unit Letter : 7	90 Feet From The NORTH Line	e and 966 Feet From T	he <u>LAST</u>	
Line of Section Tow	mship 25 N Range	JW, NMPM, BI	O ARRIBA County	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)	
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which approv	ed copy of this form is to be sent)	
	OF NEW MEXICO	Address (Give address to which approv 1800 FIRST INTERNATION DALLAS, TEXAS 7	01/AL 310G.	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
give location of tanks.		No !		
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g		Disc Dook Sono Books Diff Books	
Designate Type of Completio	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	7-10-78	5268	5190	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
GR 6504'	MESA VERDE	72.7	Depth Casing Shoe	
4848-	5/38 3	•	5238	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
83/4"	95/2"	3266'	265	
6 14 "	4/2,"	3/67 - 5238'	235	
	23/8"	5159		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, etc.)	
Date First New Oil Nam 10 1 date	33.0		PT OF THE	
Length of Test	Tubing Pressure	Casing Pressure	Choke Star	
		Water - Bbls.	Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	water - Date.	AUG 4 1978	
l			OIL	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
BP	950	1020	2"	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
		AUG 1 4	1978	
I hereby certify that the rules and	y certify that the rules and regulations of the Oil Conservation asion have been complied with and that the information given original Signed by A. R. Kendrick			
		TITLE SUPPRINTED TO SEE		
1 1 1	İ	This form is to be filed in compliance with RULE 1104.		
Bun & Luc		To this is a request for allowable for a newly drilled or despened		
(Sign	atyre)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Udm.	upr.	All sections of this form must be filled out completely for allow-		
8-	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,			
NAMES ATTER (=)	ate USGS, DURANGO (2) -	well name or number, or transport	ter or other such change or condition	
NMUCE, HATEL (3) -	Tor E	Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply	
EXXON - BEA - F		· · · · · · · · · · · · · · · · · · ·		