

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

API 30-039-21931

I. Operator CONTINENTAL OIL COMPANY - Canaco, Inc
Address P.O. Box 460 HOBBS, NEW MEXICO 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	CONTRACT
<u>AXI APACHE N</u>	<u>15</u>	<u>BLANCO MESA VERDE</u>	<u>INDIAN</u>	<u>12.1</u>
Location				
Unit Letter	<u>H</u>	<u>1650</u> Feet From The <u>NORTH</u> Line and <u>800</u> Feet From The <u>EAST</u>		
Line of Section	<u>1A</u>	Township <u>25 N</u> Range <u>4 W</u> , NMPM, <u>RIO ARriba</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>CONTINENTAL OIL COMPANY (COST)</u>	<u>555 17th St. DENVER, COLO 80202</u>			
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)			
<u>GAS COMPANY OF NEW MEXICO</u>	<u>1201 ELM ST. DALLAS, TEXAS 75270</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.	Is gas actually connected?	When
			<u>No</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>2-13-77</u>	<u>5-1-77</u>		<u>6260'</u>		<u>6123'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>GR 7226'</u>	<u>BLANCO MESA VERDE</u>		<u>5912'</u>		<u>6067'</u>			
Perforations	Depth Casing Shoe							
<u>5914 - 6075' (22 shots)</u>	<u>6190'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>243'</u>		<u>140</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>4352'</u>		<u>415</u>			
<u>6 1/4"</u>	<u>4 1/2"</u>		<u>4277 To 6190'</u>		<u>195</u>			
	<u>2 1/16"</u>		<u>6067'</u>					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>3580 CAOF</u>	<u>3 Hr.</u>	<u>33</u>	<u>63.0°</u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>B.P.</u>	<u>912</u>	<u>1220</u>	<u>3/4"</u>

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.

Bun A. Lee
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
6-6-79
(Date)
NMOCC AZTEC (5) - USGS, DURANGO (2)

OIL CONSERVATION COMMISSION

APPROVED JUN 22 1979, 19
BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT # 3
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.