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NO. OF COPIES MECESVED			. 5	
DISTRIBUTION				
SANTA FE				
FILE		1	_	
U.\$.G.5.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	1		
OPERATOR		2		
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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104				
Supersedes	Old	C-104	and	C-110
C//				

	SANTA FE /		OR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65		
ľ	U.\$.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	<b>\S</b>		
	LAND OFFICE					
	TRANSPORTER OIL GAS /					
}	OPERATOP 2					
1.	PRORATION OFFICE					
	Operator 3 011 C					
	Continental Oil Co	mpany				
		sper, Wyoming 82601				
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of: Oil Dry Gas		eing produced from		
	Recompletion  Change in Ownership	Casinghead Gas Condens	1 4 7 1 1			
	If change of ownership give name and address of previous owner					
	DECOMPTION OF WELL AND I	CACE				
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For		cr Fee Federal 151		
	AXI Apache K	1 Blanco - Mes	a Verde State, Federal	erree redefai 131		
	Location	Feet From The North Line	1220 Feet From Ti	East		
	Unit Letter H; 21/8	Feet From The NOTE II				
	Line of Section 3 Town	nship 26N Range	5W , NMPM, Rio A	criba County		
	The state of the s	TO OF OIL AND NATURAL GAS				
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)		
		Day Can TV	Address (Give address to which approve	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	. 1	Fidelity Union Tower Bl	dg., 1507 Pacific Ave.		
	Southern Union Gas	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.		Yes	10-23-58		
	If this production is commingled with	h that from any other lease or pool, g	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completio		Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	l lotal Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations .					
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				i and he could be as exceed ton allows		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	OIL WELL				
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	/ March 1		
	Actual Prod. During Test	O(1-85).	Water-Bbls.	Gae-MCF		
	CACWELL			1 - 239		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	I during blessers ( pure-12 )				
€"	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 the best of my knowledge and belief.		OIL CONSERVA	TION COMMISSION		
•			APR 2 8 197			
			By Original Signed by Emery C. Arnold			
above is time and complete to the peat of my months.		SUPERVISOR DIST. #3				
		TITLE				
	Original Signed By' EVERETT D. WILSON		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened by a tabulation of the deviation			
(Signature)						
	Administrative S		tests taken on the well in accordance with Additional tests and the well in accordance with All sections of this form must be filled out completely for allow-			
	(Title) April 24, 1972		able on new and recompleted wells.			
			" well name of number, of transpor	ter, or other agent and		
		oate) • 1 _	Separate Forms C-104 mus	t be filed for each pool in multiply		