NO. OF COPIES RECEIVED	1 5	5	
DISTRIBUTION			
SANTA FE	1		
FILE	1		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER OIL	I		
GAS	i		
OPERATOR	2	Ĺ	
PRORATION OFFICE			
Operator			

:	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
	SANTA FE.	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
	FILE	ALITHODITATION TO TOA	AND	246		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (5A3		
	LAND OFFICE					
	TRANSPORTER GAS /	<u>.</u> .				
	-	•		•		
_	PRORATION OFFICE					
I.	Operator Operator					
	Continental Oil					
	Address					
	152 North Durbin, Casper, Wyoming 32601					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	s []			
	Change in Ownership	Casinghead Gas Conden	sate	·		
	If change of ownership give name	•				
	and address of previous owner					
11	DESCRIPTION OF WELL AND I	FASE				
11.	Lease Name	Well No. Pool Name, Including Fo		redetat		
	AXI Apache K	6 Blanco-Mesa	Verde State, Federa	l cr Fee 151		
	Location		•			
	Unit Letter G : 185	O Feet From The N Line	e and 1850 Feet From	The		
	Unit Letter;100					
	Line of Section 9 Tow	mskip 26N Range	5W , NMPM, Rio	Arriba County		
III.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS [News of Authorized Transporter of Oil] or Condensate [] Address (Give address to which approved copy of this form is to be					
•	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	vea copy of this form is to be sent;		
	! !					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which appro	1507 Pacific Ave., Dallas		
	Southern Union Gas Co	ompany		75001		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en Texas /JZUI		
	give location of tanks.	1 1 1	no			
	The state of the same and adjust	h that from any other lease or pool,	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 Completion	n - (X)	X	-		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-2-72	6-15-73	6100	5991		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7026 KB (12')	Mesa Verde	5257	5307		
	Perforations			Depth Casing Shoe		
	5283-5292, 5301-5308, 5	331-5346, 5357-5362, 536		6100		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4	8 5/8	228	150		
	7 7/8	4 1/2	6100	390		
		2 1/16	5307			
			<u>i</u>	_i		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL One of Test One of Test						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (riow, pump, gas in			
			Castra Processes	The state of		
	Length of Test	Tubing Pressure	Casing Pressure	41117n /		
			Water-Bble.	Cas-MCF_		
	Actual Prod. During Test	CII-Bbis.	1	9 1913		
			1			
		•	£ 70	COM-		
	GAS WELL		Bbls. Condensate MAKCF	Condensate		
	Actual Prod. Test-MCF/D	Length of Test	25.00	DI3.		
	1805	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (SDMT-IR)	940	3/4		
	Back pressure					
٧ı	ERTIFICATE OF COMPLIANCE			ATION COMMISSION		
			APPROVED			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Continental Oil Company (Signature) Administrative Supervisor		APPROVED APPROVED C. Arnold			
			BY Original Signed by Emery C. Arnold TITLE SUPERVISOR DIST. #3			
			11			
			This form is to be filed in	compliance with RULE 1104.		
			and the second for allowable for a newly drilled or deepened			
			well, this form must be accomp tests taken on the well in acco	anied by m (abdistibit of the details		
			tests taken on the well in acco	ust be filled out completely for allow-		
		ile)	shie on new and recompleted w	ciie.		
	7/2/73		Fill out only Sections I. II. III, and VI for changes of owner,			

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

(Date)