NO. OF COPIES RECEIVED				
DISTRIBUTION				Form C-104
SANTA FE REQUEST F			FOR ALLOWABLE	Supersears Old C-104 and C-11
FILE			AND	Effective 1-1-65
U.S.G.S.	AUTHORIZAT	ON TO TRA	ANSPORT OIL AND NATURAL GAS	
011 /				
IRANSPORTER GAS				
OPERATOR 1/2				
I. PRORATION OFFICE			<u> </u>	
Conoco In	2.			
Address				
	460, Hobbs, New Me	cico 832	40	
Reason(s) for tilling (Check prope			Other (Please explain)	
New Well Recompletion	Cil Transpo	ter of:	Change of corporate	
Change in Ownership	Castrohead Gas	Conde	= continental off con	mpany effective
If change of ownership give na and address of previous owner				
I. DESCRIPTION OF WELL A	ND LEASE Weil No. Pool Na	e. Including F	ormation Kind of Lease	j jegsø∴c.
AXI Apache J	1			Fee INDIAN (-147
Location				
Unit Letter;	1450 Feet From The_		ne and Feet From The	<u> </u>
Line of Section	Township 25-N	Range	5-W, NMPM, Rio Ari	. Sdr
		,		
II. DESIGNATION OF TRANS! Name of Authorized Transporter	of Cilor Condensat		AS Address (Give address to which approved	copy of this form is to be sent)
Contine	ntal Oil Co			
Name or Authorized Transporter	of Casinghead Gas or D	y Gas 🚁	Address (Give address to which approved	copy of this form is to be sent)
Gas Company	of New 1	exico		1195 Texas 75270
If well produces oil or liquids,	Unit Sec. Tw	P.ge.	Is gas actually connected? When	,
give location of tanks.				
V. COMPLETION DATA	ed with that from any other	ease or pool,	give commingling order number:	
Designate Type of Comp	oletion = (X)	Gas Well	New Well Workover Deepen P	lug Back Same Resty, Diff. Resty.
Date Spudged	Date Compl. Ready to	rod.	Total Depth P	.B.T.D.
Elevations (DF, RKB, RT, GR, e	tc., Name of Producing For	action	Top Oll/Gas Pay	ubing Depth
Petforations	<u> </u>		1 0	epth Casing Shoe
Periorations				
			D CEMENTING RECORD	
HOLE SIZE	CASING & TUB	NG SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	ST FOR ALLOWABLE		after recovery of total volume of load oil and	must be equal to or exceed top allow
OH, WELL Date First New Oil Run To Tank	s Date of Test	uote for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, e	ec.)
Date First Hew On Hand				
Length of Test	Tubing Pressure		Cdsing Pressure	Choke Size
				/RTLFIVEN
Actual Prod. During Test	O11-3ble.		Water-Bbls.	as-MCF
	1		1	JUN 19 1970
GAS WELL				OIL CON O
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Cardensapist. 3
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	-in)		Choke Size
lesting Method (pitot, back pr.)	rented Steeme (Spr.		223114	
VI. CERTIFICATE OF COMPI	LIANCE		OIL CONSERVAT	ION COMMISSION
			ADDROVED	1 9 1979
I hereby certify that the rules Commission have been comp	lied with and that the info	mation given	Original Signed by	FRANK T. HAVEZ
above is true and complete	to the best of my knowled	ze and belief.	BY	later of Long. with the
m	-7	TITLE DEPUTY OIL & GAS West 2010m, JOS. 75		
411	lamence	This form is to be filed in cor	npliance with RULE 1104.	
- ////lemina			"I wall this form must be accompanie	ole for a newly drilled or deepene ed by a tabulation of the deviation
	(Signature)	`	tests taken on the well in accords	nce with RULE 111.

Division Manager

FILE

NMOCD (5) Azto

(Title) 11-75

(Date)

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.