40. OF COPIES *ECI	L 1 V E D	5	
DISTRIBUTIO	ON	•	
SANTA FE		$-\overline{L}$	
FILE			_
u.s.g.s.		, , , , ,	
LAND OFFICE			
TRANSPORTER	OIL	1	_

	DISTRIBUTION SANTA FE FILE	REQUEST F	ENSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Oid C-104 and C-110 Effective 1-1-55		
1.	U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS	5		
	Conoco Inc.					
	P.O. Box 460, Hobbs, New Mexico 83240					
	Change in Change in Condensate Continental Oil Company effective					
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND I	EASE Weil No.: Pool Name, Including For	rmation Kind or Lease	Lease ∷c.		
	AXI Apache J	16 Otero-Chaco		Fee FNDIAN C-147		
	Unit Letter D; 79	D Feet From The N Line	and 840 Feet From The	ω		
	Line of Section 7 Tow	mship 25 - N Range	5-W, NMPM, Rio Ar	riba County		
п.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approved	conv of this form is to be cent.		
	Contin	ental Oil Co	Address (Give address to which approved			
	If well produces oil or liquids,	Ingnead Gas or Dry Gas A New Mexico Unit Sec. Twp. Rge.	1201 Elm St. Do Is gas actually connected? When	allas Texas 75270		
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:			
*.	Designate Type of Completio		New Well Workover Deepen F	Plug Back Same Resty. Diff. Resty.		
	Date Spudged	Date Compi. Ready to Prod.	Tota, Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Fubing Depth		
	Perforations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
τ,	TEST DATA AND DEOUEST FO	OR ALLOWARIE (Test must be all	ter recovery of total volume of load oil and	I must be equal to or exceed top allou-		
۲.	TEST DATA AND REQUEST FOR ALLOWABLE OII, WELL Date First New Oil Bun To Tanks Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Coming Pressure	Choxe Size		
	Actual Pred. During Test	O(1 - Bbis.	Water - Bbls.	Gas-MCF		
	Asidd, Pica, Daining 1001			JUN 19 1979		
	GAS WELL			JUN 19 COM. Gravity of CONL COM. DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size		
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. Signature Division Manager		1	TION COMMISSION			
		DEPUTY OIL & GAS INSPECTOR. 19				
		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				
NYOCD (c) Aztec (Date)						