

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-116
Effective 1-1-65

Operator Continental Oil Company	
Address 152 North Durbin, Casper, Wyoming 82601	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name AXI Apache "J"	Well No. 20	Pool Name, including Formation Undesignated Mesa Verde	Kind of Lease State, Federal or Fee Indian	Lease No. 147
Location Unit Letter C ; 790' Feet From The North Line and 1790' Feet From The West Line of Section 5 Township 25N Range 5W , NMPM, Rio Arriba 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) 1921 Bloomfield Blvd. Farmington, New Mexico 87401					
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) Fidelity Union Tower Bldg., 1507 Pacific Ave. Dallas, Texas 75201					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 25N	Rge. 5W	Is gas actually connected? No	When

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.
		X						
Date Spudded 10-26-71	Date Compl. Ready to Prod. 12-3-71		Total Depth 5320' KB		P.E.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6610' GRD 6622' KB	Name of Producing Formation Undes. Mesa Verde		Top Oil/Gas Pay 4505' KB		Tubing Depth 4970' KB			
Perforations 5163' - 5170', 5120' - 5127', 5068' - 5070' and 5006' - 5010' w/one shot/ft.					5320			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		239'		150			
7 7/8"	5 1/2"		5320'		635			
	2 3/8"		4981'					

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 1657	Length of Test 24 Hour	Bbls. Condensate-MCF 3	Gravity of Condensate 48.6 API
Testing Method (pilot, back pr.) Backpressure	Tubing Pressure (shut-in) 1175	Casing Pressure (shut-in)	Choke Size 3/4"

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.

Ernest A. Wilson
(Signature)

Administrative Assistant

(Title)

1-11-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED 2-9, 19 72
BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.