	NO. OF COPIES RECEIVED		5						
	DISTRIBUTION				NEW ME				
1.	SANTA FE		1						
	FILE		1	-					
	U.S.G.S.				AUTHORIZATI				
	LAND OFFICE								
	TRANSPORTER	OIL							
		GAS	1						
	OPERATOR		3						
	PRORATION OFFICE								
	Operator ,								
	Cor	il Company							
	Address								
	152 North Durbin, Casper, Wy								
	Reason(s) for filing (Check proper box)								
	New Well				Change in Transpor				
	Recompletion				011				
	Change in Ownership				Casinghead Gas				
	If change of owners and address of prev								
IJ.	DESCRIPTION O	F WEL	L A	ND I	LEASE				
	Lease Name				Well No. Pool Nam				

	SANTA FE /	la contra de la contra della contra de la contra de la contra de la contra della co	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-114				
	FILE / -	T. 10201	AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS				
	LAND OFFICE		,fr					
	TRANSPORTER OIL							
	GAS /		·					
	OPERATOR 3		4					
1.	PRORATION OFFICE							
	Operator ,		i					
	Continental Oil Company							
	Address							
	152 North Durbin, Casper, Wyoming 82601							
	Reason(s) for filing (Check proper box)	NOTE:						
	New Well X	Change in Transporter of:		÷				
	Recompletion	Oil Dry Gas	• 🔲					
	Change in Ownership	Casinghead Gas Condens	sate					
•			+					
	If change of ownership give name and address of previous owner		:					
II.	DESCRIPTION OF WELL AND I	LEASE						
	Lease Name	Well No. Pool Name, Including Fo		1 =				
	AXI Apache "J"	20 Otero Chacr	a State, Federa	or Fee Indian 147				
	Location							
	Unit Letter C; 790	Feet From The North Line	e and Feet From 7	he West				
	Line of Section 5 Tow	mship 25N Range	5W , NMPM, Ri	o Arriba County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	rea copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀		Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., 1507 Pacific Ave. Dallas, Texas 75201					
	Southern Union Gas Company							
	If well produces oil or liquids, Unit Sec. Twp. Rge.		Is gas actually connected? Whe	·n				
	give location of tanks.		No					
	If this production is commingled wit	th that from any other lease or pool, a	give commingling order number:					
	COMPLETION DATA							
	Designate Type of Completio	(Y)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
			X					
	Date Spudded Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
	10-26-71	12-3-71	5320 KB					
	== ,=== ,=== ,,,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6610' GRD. 6622' KB Otero Chacra		3725 KB	4981' KB (Packer)				
	Perforations			Depth Casing Shoe				
	3735'-3754' w/2 shots/ft. 5320' KB							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 1/4"	8 5/8"	2391	150				
	7 7/8"	5 1/2"	53201	635				
		1-660 / 1/4/	3757 '					
				<u> </u>				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
	OIL WELL	able for this de	pth or be for full 25 hours	6				
	Date First New Oil Run To Tanks	Date of Test	Producing Market Flow, pump, gas lij	t, etc.,				
				Choke Size				
	Length of Test	Tubing Pressure	Casing F	Choke Size				
			COM.	Gas - MCF				
	Actual Prod. During Test	Oil-Bbls.	Water-Bis. Editor	Gds-MCF				
			CO, 3	<u> </u>				
	Actual Prod. During Test Oil-Bbls. Casing Feature Casing Feature Casing Feature Casing Feature Casing Feature Cont. 3 Gas-MCF							
	GAS WELL			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	883	3 Hours	0					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Pilot	785	785	3/4"				
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
	T hereby carrify that the rules and regulations of the Oil Conservation		F	EB 9 1972 19				
			APPROVED 19					
	Camarian have been complied t	with and that the information given	BY Original Signed by Emery C. Arnold TITLE SUPERVISOR DIST #5					
	above is true and complete to the	e best of my knowledge and belief.						
		_						
	11 -1	7 /-	This form is to be filed in compliance with RULE 1104.					
	English !	1. lallane	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,					
	- Courell M	(lesau						
	• •	nature)						
		ive Supervisor						
	•	itle)						
		11/72	well name or number, or transporter, or other such change of condition.					
	1 (0	ate)	Well name of humber, of transporting to the first for each gool in multiply					

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.

NMOCC(5) BEAL PHIE