NO. CF COMES	RECEIVED	5	- 30.4 - 2.75
DISTRIBU	TION		
SANTA FE		1	
FILE		1	4
U.S.G.S.		<u> </u>	L
LAND OFFICE	Ξ	<u></u> .	
TRANSPORTER	OIL	1	
	GAS	/	
OPERATOR		1	
PRORATION	OFFICE		

-	DISTRIBUTION SANTA FE /	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
}	U.S.G.S.		AND ISPORT OIL AND NATURAL G	AS		
	TRANSPORTER GAS /					
}	OPERATOP /					
1.	Operator Continental Oil	Company				
	Continental Oil Company ddress 152 No. Durbin. Casper. Wyoming 82601					
	Other (Please explain) This form is submitted for					
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	Complete Form C-1	04 will be filed after		
	Change in Ownership	Casinghead Gas Condens	ate completion of wel	1.		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.		
	AXI Apache "J"	18 Undesignated Me	sa Verde State, Federa	cr Fee Federal 147		
	Location Unit Letter A ; 1050	Feet From The North Line	and 990 Feet From 7	The <u>East</u>		
	Line of Section 8 Tow	nship 24M 25N Range	5W , NMPM, Ric	Arriba County		
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro-	and conv of this form is to be sent)		
	Name of Authorized Transporter of CII	or Condensate 🛣	1021 Bloomfield Blyd			
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Southern Union Gas Company		Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., 1507 Pacific Ave.			
	If well produces oil or liquids,	Unit Sec. Twp. Rge. A 8 25N 5W	Dallas Texas 75201 who is gas actually connected?	en		
	give location of tanks. If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:			
IV.	Designate Type of Completion	Ott Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spunes	Date Compil. Ready to Prod.	Total Depth	F.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	. TEST DATA AND REQUEST FOUL WELL	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift. eta		
	Length of Test	Tubing Pressure	Casing Pressure	Chocosta		
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	G. MCF.		
				Distrib		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	880 Testing Method (pitot, back pr.)	24 Hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Cheke Size		
	Back Pressure 360#		OIL CONSERV	ATION COMMISSION		
V)	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. Authorized Authorized Complete Compl		APPROVED			
			SULERVISOR DIST. #3			
			This form is to be filed in compliance with RULE 1104.			
Collett Muleon (Signature)		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
Administrative Supervisor (Tule)			All sections of this form must be filled out completely for allow shie on new and recompleted wells.			
	October 18, 1971 (base)		Fill out only Sections I. II. (II. and VI for changes of owner well name or number, or transporter or other such change of condition Separate Form: C-104 must be filed for each pool in multiple			
	s e j		of Soparate Forms 2-104 m			