NO. OF COPIES MECEIVED			5		
DISTRIBUTION					
SANTA FE	j				
FILE	1	L			
U.S.G.S.					
LAND OFFICE		L			
TRANSPORTER	OIL	1			
TRANSFORTER	GAS	1			
OPERATOR					
PRORATION OFFICE			<u> </u>		
Operator					

DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION								Form C-104				
	SANTA FE	Supers							C-104 and C-110			
ſ	FILE /	AND						Effective 1-1-6	,			
Ī	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							AS				
Ì	LAND OFFICE											
Ì	OIL /	OIL										
	TRANSPORTER GAS /											
Ì	OPERATOR /											
	PRORATION OFFICE											
1.	Operator											
	Continental Oi	Continental Oil Company										
	Address											
	152 No. Durbin, Casper, Wyoming 82601											
	Reason(s) for filing (Check prope	leason(s) for filing (Check proper box) Other (Please explain)										
	New Well	Change in Transporter of:							1			
	Recompletion		Oil	Dry Gas	닠ㅣ							
	Change in Ownership		Casinghead Ga	S Condens	ate							
	If change of ownership give na and address of previous owner											
				•								
11.	DESCRIPTION OF WELL A	AND I	EASE	Name, Including Fo	rmation		Kind of Lease		Lease No.			
	Lease Name		1 1				State, Federal		147			
	AXI Apache J		21	Undesignated	i Mesa	Verde		crree Indian	14/			
	Location											
	Unit Letter I ;	18	50 Feet From Th	e South Line	and	790	Feet From T	The East				
	_			_	E 1.1	, NMPM	Pio	Arriba	County			
	Line of Section 5	Tow	nship 25N	Range	5W	, INMPIN	, KIO	ALLIDA				
				D MATTER AT CA	2							
III.	DESIGNATION OF TRANS	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Content of Authorized Transporter of Oil										
		o. o			1921	Bloomfie	eld Blvd.		į			
	Plateau, Inc.	of Can	inghead Gas	or Dry Gas 🏋	Address (ng Eon . T Give address	to which approv	ed copy of this form is	to be sent)			
	1			ري <u>ي</u> د د	Fidelity Union Tower Bldg., 150/ ra				cific Ave.			
	Southern Union	Gas	Company Unit Sec.	Twp. Rge.	Dalla Is ags gc	Dallas Texas 75201 Is gas actually connected? When						
	If well produces oil or liquids,		Unit Sec.	1	,		i					
	give location of tanks.		<u> 1 </u>	25N		No						
	If this production is comming!	ed wit	h that from any ot	her lease or pool,	give comm	ingling orde	r number:					
IV.	COMPLETION DATA		Oil W	ell Gas Well	New Well	Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.			
	Designate Type of Com	pletio		X	! !	†	!					
	Date Spudded	<u> </u>	Date Compl. Read		Total De	oth .		P.B.T.D.				
	1		İ			5339'		530	001			
	12-3-71		1-23-7 Name of Producing	Formation	Top Oil/0			Tubing Depth				
	Elevations (DF, RKB, RT, GR,	etc.,	Undesignate	d Masa Varda				500	001			
	KB Offices I gliated Nesa Verde Depth Casing Shoe											
	5039-5041', 5046-5055', 5119-5122', 5160-5165', 5205-5210', & 5213-5216' 5338'											
	5039-5041, 5040-5055, 5119-5122, 5100-510					CEMENTING RECORD						
	HOLE SIZE				DEPTH SET			SACKS CE	MENT			
	12 1/4"			8 5/8"		2381		150				
	7 7/8"	7 7/8"		5 1/2"		5338 '		525				
	7 178			5000'								
				2 3/8"								
•	. TEST DATA AND REQUE	ST F	OR ALLOWABL	E (Test must be a	fter recove	ry of total vol	ume of load oil	and must be equal to or	exceed top allow-			
V	OIL WELL		014 11220 11122	able for this de	po., ,		•					
	Date First New Oil Run To Tan	ks	Date of Test		Producin	g Method (Fig	ow, pump, gas li	ijt, etc.)	· · · · · · · · · · · · · · · · · · ·			
								Choke Size				
	Length of Test	Length of Test		Tubing Pressure		Casing Pressure		Chore	3 1970			
								Gas - MCF	3 13/2 /			
	Actual Prod. During Test		Oil-Bbis.		Water-Bbis.			NEW DON. COM. /				
		<u> </u>		<u> </u>			L DIS					
								1				
	GAS WELL		7	 	Bble Co	ndenacte/MM	CF	Gravity of Condensa	:•			
	Actual Prod. Test-MCF/D		Length of Test				.					
	2077		Tubing Pressure	lours	Casina	Trace	t-inl	Choke Size				
	Testing Method (pitot, back pr.	.)		•	1	acker Se		3/4"				
	Back Pressure			1213	1			ATION COMMISSION	ON!			
V	I. CERTIFICATE OF COMP	LIAN	CE			OIL		2105 0	514			
					ADDE	APPROVED MAR 3 1972 19 Sy Original Signed by Emery C. Arnold						
	I hereby certify that the rule	s and	regulations of the	Oil Conservation	AFF							
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					By Original Signed by mades						
					}	SUPERVISOR DIST. #3						
	Original Signed By: EVERETT D. WILSON (Signature) Administrative Supervisor (Title) February 25, 1972 (Date)					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						
					compl	leparate For eted wells.	rms C-104 MU	rat no illed tot gent	para marrigas			
	MROCCES) RPA F4		,, բադր		_							

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