

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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-110
Effective 1-1-65

Operator		CONTINENTAL OIL COMPANY		
Address		Box 400 Hobbs, New Mexico 88240		
Reasons for filing (Check proper box)		Other (Please explain)		
New Well	☐	Change in Transporter of:	TRANSPORTER'S NAME CHANGE	
Recompletion	☐	Oil		☐
Change in Ownership	☐	Casinghead Gas		☐
		Dry Gas	☐	
		Condensate	☐	

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

I. DESCRIPTION OF WELL AND LEASE		Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
AX1 APACHE "J"		21	GONZALES MESA	INDIAN			
Location		Unit Letter I 1850 Feet From The SOUTH Line and 790 Feet From The EAST					
Line of Section		5	Township	25 N	Range	5 W	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil ☐ or Condensate ☒		Address (Give address to which approved copy of this form is to be sent)	
PLATEAU INC.				1921 BLOOMFIELD BLVD. FARMINGTON, NEW MEXICO 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)			
GAS COMPANY OF NEW MEXICO		FIRST INTERNATIONAL BLDG. 1201 ELM ST., DALLAS, TEXAS 75276			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	I	5	25 N	5 W	YES 3-7-72

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DE, 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 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		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size	

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]
(Signature)
[Signature]
(Title)
Sept 7, 1976
(Date)

OIL CONSERVATION COMMISSION	
SEP 14 1976	
APPROVED	Original Signed by A. R. Kendrick
BY	
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 completed wells.	