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	GAS	/		
OPERATOR		/		
PRORATION OFFICE				

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR	•	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATUR	Supersedes Old C-104 and C-11 Effective 1-1-65	
1.	PRORATION OFFICE Operator	1			
	Continental Oil C	ompany			
	152 No. Durbin, C Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership		<b>=</b> 1	.)	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	L ind	Lease lease No.	
	AXI Apache J	22 Undesignated		Federal or Fee Indian 147	
	Location	965 Feet From The South Lin	· •	From The West	
	1	wnship 25N Range	5W , NMPM,	Rio Arriba County	
IIY	DECICNATION OF TRANSPOR	FED OF OH AND MATURAL CA			
111.	Name of Authorized Transporter of Oil  Plateau, Inc.  Name of Authorized Transporter of Car	ateau, Inc.  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.			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Dallas, Texas 7520 Is gas actually connected?	When	
ıv	give location of tanks.  If this production is commingled wi  COMPLETION DATA	L 6 25N 5W th that from any other lease or pool,	No give commingling order number	r:	
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deep	en Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	11-20-71	1-19-72	5203 <b>†</b>	5166 '	
	Elevations (DF, RKB, RT, GR, etc.) KB	Name of Producing Formation Undesignated Mesa Verde	Top Oil/Gas Pay 4330 *	Tubing Depth 4792 *	
Perforations 4831-4836', 4960-4967', 5012-5020', and 5053-5058' w/l jet shot p		Depth Casing Shoe r foot 5202 1			
			CEMENTING RECORD	20040 2514514	
	12 1/4"	CASING & TUBING SIZE  8 5/8"	237 °	SACKS CEMENT  150	
	7 7/8"	5 1/2"	5202 °	570	
		2 3/8"	4792 1		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of lo pth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-	
	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	Cil-Bbls.	Water - Bbls.	Gas-MCF S	
	GAS WELL			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1049 Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (Shut-in)	Trace Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	1357	Packer Set	3/4"	
VI.	CERTIFICATE OF COMPLIAN			ERVATION COMMISSION	
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.		APPROVED MAR 1 0 1972 , 19			
		BY Original Signed by Emery C. Arnold  TITLE SUPERVISOR DIST #3			
EVERETT D. WILSON			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.		
(Signature) Administrative Supervisor (Title)					
		February 25, 1972			

NMOCC(5), BEA, File

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.