i	NO. OF COPIES RECEIVED			ı
ŀ	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
ŀ	SANTA FE /		OR ALLOWABLE .	Supersedes Old C-104 and C-11
}	FILE	-	AND	Effective 1-1-65
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS
ł	LAND OFFICE	AOTHORIZATION TO TWO		
ł	LAND OF THE		17	
	TRANSPORTER GAS /		·	
Ì			<u> </u>	
	OPERATOR /		,	
I.	PRORATION OFFICE Operator			
1	Continental Oil Company			
	Address			
	152 No. Durbin, Casper, Wyoming 82601			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	ਿ ਦ <u>ਿ</u>	Change in Transporter of:	i	
	New Well	Oil Dry Gas	a1	,
	Recompletion	Casinghead Gas Condens	7	
	Change in Ownership	Casingheda GGS		
	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
	Lease Name	Well Mo. Poor Indian, Incident	i	l cr Fee Indian 147
	AXI Apache J	25 Undesignate	d Mesa Verde State, Federa	Indian In
	Location			T 4-
	Unit Letter A : 660	Feet From The North Line	and 660 Feet From	The East
	On Letter			2
	Line of Section 7 Town	ship 25N Range	5W , NMPM,	Rio Arriba County
	·			
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	ned copy of this form is to be sent)
	Name of Authorized Transporter of Oil	or Condensate 🛣	1021 Bloomfield Blvd.	
	Plateau. Inc. Farmington, New Mexico 87/01			
	Name of Authorized Hunsporter of Carrier and Fidelity Union lower blug. 1507 facility Ave.			
	Southern Union Cas Company Dallas, Texas 75201			
		Unit Sec. Twp. P.ge.	Is gas actually connected?	en
	If well produces oil or liquids, give location of tanks.	A 7 25N 5W	No	
	If this production is commingled with that from any other lease or pool, give commingling order number:			
	If this production is commingled with	that from any other rease of poor,		Date Date Post
IV	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
	Designate Type of Completion	n = (X) X	X	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded 1=10-72	2-27-72	53001	5246
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	1	Undesignated Mesa Verde	4508	5000 t
	KB	76, and 5120-24 w/1 shot	per foot.	Depth Casing Shoe
	Perforations 5019-20, 50/4-	76, and 5120-24 W/I shot	per 10001	5299'
	5147-78 w/2 sh	TURNE CASING AN	D CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	8 5/8"	227'	150
	12 1/4"	5 1/2"	52991	495
	7 7/8"	5 1/2	50001	
		2 3/8"	3000	
	the second to all and must be sound to as exceed too alle			
•	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)			
•	OU. WELL		Producing Method (Flow, pump, gas	lift, etc.)
	Date First New Cil Run To Tanks	Date of Test		
			Casing Pressure	Chox Size
	Length of Test	Tubing Pressure		I Mariano I
			Water-Bbis.	Gas-MCF
	Actual Prod. During Test	Oil-Bbis.	Adder - Date.	OIL cont own /
			<u></u>	DISTANCE
	GAS WELL		I Phile Condenses And CE	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF 40 BPD Est.	48.5
	632	3 Hours		Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	3/4"
		1255	Packer Set	37.7

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. Original Signed By EVERETT D. WILSON (Signature) Administrative Supervisor (Title) April 7, 1972

(Date)

Back Pressure

VI. CERTIFICATE OF COMPLIANCE

TITE A TOTAL

.........

1255

OIL CONSERVATION COMMISSION

APR 1 1 1972 APPROVED.

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of own-well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipolated wells.