	·		. /					
NO. OF COPIES RECEIVED	4		/					
DISTRIBUTION	NEW MEXICO OL	L CONSERVATION COMMISSION						
SANTA FE			Form C-104 Supersedes Old C-104 and C-1					
FILE	<u></u>	REQUEST FOR ALLOWABLE AND						
U.S.G.S.	AUTHORIZATION TO 1	RANSPORT OIL AND NATURAL	Effective 1-1-65					
LAND OFFICE	THE MICKIDATION TO	MANSI ORT OIL AND NATURAL	GAS					
TRANSPORTER OIL								
GAS								
OPERATOR								
I. PRORATION OFFICE								
Operator	tac Di							
Address								
	URNER HOBBS. N	Other (Please explain) COVYECTION +	<i>{O</i>					
Reason(s) for filing (Check prop	er box)	Other (Please explain)	<u> </u>					
New Well	Change in Transporter of:	- COPPECTION TO	o Report submitted					
Recompletion	Otl Dry	Gas 1 +U NMOCC 4	-18-14. Previous					
Change in Ownership	Casinghead Gas Cor	idensate report and a	56 presquere as ACF.					
If change of ownership give no and address of previous owner	ame	,						
II. DESCRIPTION OF WELL	AND LEASE	· .						
Lease Name	Well No. Pool Name, Including		* INDIAN Lease No.					
AXI ADAChe () 3 South Blanc	o Pictured Cliffs State, Federa	il or Fee 122					
Unit Letter 7	1120 Feet From The 5	Line and 790 Feet From	The W					
Line of Section 9	Township 2.5 N Range		loaibe					
			(RICIOA) County					
III. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL	GAS						
Name of Authorized Transporter	of Oil or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)					
Name of Authorized Transporter	of Casinghead Gas or Dry Gas 🔀	Address (Give address to which appro	ved copy of this form is to be sent)					
Southern Union	CAS COMPANY	_ Fidelity Union To	WER DALLAS, TX 75201					
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en . /					
give location of tanks.		<u> </u>	-waiting Connection					
If this production is commingle IV. COMPLETION DATA	d with that from any other lease or poo	l, give commingling order number:	J					
Designate Type of Comp	letion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	· · · · · · · · · · · · · · · · · · ·	X						
Date Spudded	Date Campi. Ready to Prod.	Total Depth	P.B.T.D.					
1-12-13	9-5-73 tc.) Name of Producing Formation	3950 Top Oil/Gas Pay	3904					
Elevations (DF, RKB, RT, GR, el	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
1290 Gr. 7308 K	(B) Pictured CLIFES	5 3682	3754					
5690 - 375		, , , , , , , , , , , , , , , , , , , ,	Depth Casing Shoe					
3610 - 379		ND CEMENTING RECORD	3949					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET						
12/4	8 5/8		SACKS CEMENT					
7 1/2	4 1/2	227	150					
		3754	100					
		1 2 7 2 7						
Y. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of total volume of load il	and must be equal to an auto-					
OIL WELL	able for this	depth or be for full 24 hours)	must be equal to or exceed top allow-					
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow pane, 1818)	(A4)					
		/21 LL!						
Length of Test	Tubing Pressure	Casing Pressure	Chelle Size					
		Casing Pressure Water-Bbis. OCT 10	ריפן					
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	GENNEF					
		Water-Bbis. OCT ON CON						
		DIS	1.3/					
GAS WELL								
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Testing Method (pitot, (back ph.)	3 HRS	<u> </u>						
reading Wathor (briot Cack by)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					

925

I hereby certify that the rules and regulations of the Oil Conservation commission have been compiled with and that the information given above is the and complete to the best of my knowledge and belief.

(Signature)

MANAGER (Tille)

T CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

947

APPROVED	OCT 1 0 1974 ₁₉					
By Original	OCT 10197419					
TITLE	SUPERVISOR DIST. #3					

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.

Type Test							7	Test Date		Т		
X	Initial		Annual	•		Specie		9-5-	73			
			Conn	noinection								
Continental Oil Company				Unconnected								
i i			Form	Formation					Unit			
South Blanco				Pictured Cliffs								
Completion Date		Total Depth	P	Plug Back TD Elevation				ram or Lease Name				
9-5- Csq. Size	· / 3	3950'	39501 KB		3904 KB		ᆚ	7302 KB		AXI Abache "O"		
1 '	1	1,"	1	From 3690' To 3754' KB			1					
4.5 Tbg. 5120	105 W.	d	3949 Set At			Perforations:			Unit Sec. Twp. Rije.			
1.250	2.4	1.380	L			KB From To			M	9	25N 4W	
Type Well - Single - Bradenhead - G.C. or G.O. Muitiple					Packer Set At ,				County			
		Single			None				Rio Arriba			
Producing Thru	1	ervoir Temp. 'F	1	innual T	ual Temp. °F Baro, Press Pa		- 1		1			
Tubing	H	7 * 3710'			12.31	12.2 2 % H ₂ S				New Mexico		
3742	3742	.630	% CO 2	2	% N 2	76 7	H ₂ S	}				7035
3772	· · · · · · · · · · · · · · · · · · ·	FLOW DATA				THOLA	<u> </u>		3/4"		oke	Nipple
NO. Prover	x Orific		Diff		Temp.	TUBIN Press.		Tomp.	Pre	ASING		Duration of
Line Size	Size		hw	. 1	→F	p.s.i.g.		•F	p. 3.	-	Temp.	Flow
SI						925			97	7.		S-I 7 da
1. Choke	Nipple (3/4" 59			52	59			144	8)		3 H7s.
2.												
3.												
4.									<u> </u>			
5.	···		<u> </u>									
			HAI	E 07	·	CALCULA					 ·	
Coefficient Pr		Pres	saure				Super Rate of Flow		Rate of Flow			
(24 He) (ID	V "W" m	F	P _m		Ft.		Fg	1	noress. tor, Fpv	, -	Q, Meid
1 9.604		* * * * * * * * * * * * * * * * * * * *	71	. 2	1.0	08		1.213	1	.019	- 	852 ·
2.1												
3.												
4.					ļ			 				
5.												
۱ ۵ . ڪ	Temp. *R	7-	z	1		to Carbon Rat					·	wet/sol.
1. .230	512	1.401	.964	ł		of Liquid Hyd			··			Deg.
2.	1	1.401		1		y Separator G y Flowing Flo	_				- X X >	CXXXXXX
3.	†	1		1	ic Gravity of Pressu		uia_		<u> </u>	P.S.I.	. 	<u>.680</u>
4.				ì	al Temper						R	P.S.I.A.
5.	<u></u>	<u> </u>		<u> </u>								
Pg 959.2	_Pc ² _920		_ 3	1	P _C 2	FILT.	77		ŢΓ	Pc2	7 "	1 0/0
NO P,2	P.,	 	$P_c^2 - P_w^2$	(1)	Pc ² – RJ	177 H	1	B/	(2)	25- 8	=-	1.249
5.069 2	460.2	211.8	708.3	·		0[<i>[\r\</i> ,		\	1350	IIII	CHI	
3				1	T T	P2 7	''' 46	106	1501	171	Fn /	
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5					+	ישיישיין	N.	co	چ قنرہ _{خا}	24	1712	} . [
Absolute Open F	iow 10	64.)	***************************************		Mcid 6	COL MIS	37.	ol Siame	SE	CON	COM	.85
Remarks:									Lou	DIST	31,70	v, a
					·					<u> </u>		
Approved By Com	valssion:	Conducte	d By:			Calculated B	y:		· ·	Checked	1 87	
		j .	. B. Er:	rett			-	Errett	.	J44	,,	