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SANTA FE			Ĭ
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	O L		
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			
Operator			

SANTA FE /					
		REQUEST FOR	ALLOWABLE	Supersedes Old C-10 Effective 1-1-65	04 and C-110
FILE /		AN AN	ID	Fliedlive I-I-93	
U.S.G.S.	AUTHORIZAT	ION TO TRANSF	ORT OIL AND NATU	IRAL GAS	
LAND OFFICE					
OIL					
TRANSPORTER GAS /				•	
OPERATOR	2				
DDODATION OFFICE	•				
Operator					
Continental Oi	l Company			And the second s	
Address					
P. O. Box 3312	, Durango, Colorado	81302			l
Reason(s) for filing (Check prop	er box)		Other (Please expla	in)	
New Well	Change in Transpo	rter of:			
Recompletion	Oil	Dry Gas	Yanna Mama	Ab augo	i
	F	=	Lease Nome	Cuange	
Change in Ownership	Casinghead Gas	Condensate			·
If change of ownership give m	000				
If change of ownership give n and address of previous owne					
and address of previous owner					
I. DESCRIPTION OF WELL	AND I FASE				
Lease Name		ll No. Pool Name, It	icluding Formation	Kind of Lease	
\$5 m\$1	,,,				
AAL Apaciic -		9 South Bl	anco Pictured Cl	1ffs State, Federal or Fee Fe	deral
Location					
Unit Letter 6 ;	990 Feet From The	outh Line and	2310 <sub>Fe</sub>	et From The	
omi Letter	reer rom rne	Line die		Trom The	
Line of Section 6	. Township 25N	Bange 5W	NI (D) (	90 d a . A d b .a	G
Line of Section	, Township ZJN	Range Ju	, NMPM,	Rio Arriba	County
I. DESIGNATION OF TRANS					
Name of Authorized Transporter	of Oil or Condensate	₹ 🔲 Add	ress (Give address to whi	ch approved copy of this form is to be	sent)
Name of Authorized Transporter	of Casinghead Gas or D	ry Gas 🙀 Ada	ress (Give address to whi	ch approved copy of this form is to be	sent)
		•		7.74	
Southern Union Gas				er Bldg., 1507 Pacific,	<u>Dallaa</u>
If well produces oil or liquids,	Unit   Sec.   Tw	p. Rge. Is o	as actually connected?	When	
give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Yes	1	
TC Abia mandanakin in anamina	ad with that from our other				
If this production is comming	ed with that from any other	lease or pool, give	commingling order num	er:	
V. COMPLETION DATA	Oil Well	Gas Well Nev	Well Workover De	epen Plug Back Same Res'v.	Off Books
Designate Type of Con	pletion - (X)	das wett ive	Mett Molyodel De	Plug Buck Sume Res.V. 1	Jiii. nes-v.
Designate 1) pe er een			· I	1 1	
Date Spudded	Date Compl. Ready to	Prod. Tot	al Depth	P.B.T.D.	
			Oil/Gas Pay	Tubing Depth	
Pool	Name of Producing For	mation   Tor			
Pool	Name of Producing For	mation Top		*	
	Name of Producing For	mation Top		De di Carta Cha	
Perforations	Name of Producing For	mation   Top		Depth Casing Shoe	
	Name of Producing For	mation Top		Depth Casing Shoe	
			MENTING RECORD	Depth Casing Shoe	
		CASING, AND CE	<del> </del>		-
Perforations	TUBING,	CASING, AND CE	MENTING RECORD  DEPTH SET	Depth Casing Shoe  SACKS CEMENT	
Perforations	TUBING,	CASING, AND CE	<del> </del>		-
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Perforations	TUBING,	CASING, AND CE	<del> </del>		-
Perforations  HOLE SIZE	TUBING, CASING & TUB	CASING, AND CE	DEPTH SET	SACKS CEMENT	
Perforations  HOLE SIZE  V. TEST DATA AND REQUE	TUBING, CASING & TUB	CASING, AND CE ING SIZE  (Test must be after re	DEPTH SET		
HOLE SIZE  HOLE SIZE  TEST DATA AND REQUE OIL WELL	TUBING, CASING & TUB ST FOR ALLOWABLE	CASING, AND CE ING SIZE  (Test must be after reable for this depth o	DEPTH SET  Ecovery of total volume of to be for full 24 hours)	SACKS CEMENT  SACKS CEMENT  load oil and must be equal to or excee	
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HOLE SIZE  HOLE SIZE  TEST DATA AND REQUE OIL WELL	TUBING, CASING & TUB ST FOR ALLOWABLE	CASING, AND CE ING SIZE  (Test must be after reable for this depth o	DEPTH SET  Ecovery of total volume of to be for full 24 hours)	SACKS CEMENT  SACKS CEMENT  load oil and must be equal to or excee	
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February 24, 1965

NHOCCES HOH

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

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.