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TRANSPORTER	OIL
	GAS
OPERATOR	1
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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 <u>CONTINENTAL OIL COMPANY</u>	
Address <u>Box 400, Hesper, New Mexico 88240</u>	
Reason for reworking (Check proper box)	
New well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain) <u>TRANSPORTER'S NAME CHANGE</u>	

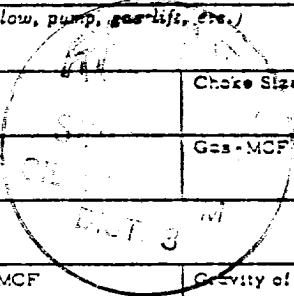
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE			
Lease Name <u>ARC APACHE "A"</u>	Well No. Pool Name, including Formation <u>6 BLANCO P.C., SO.</u>	Kind of Lease State, Federal or Fee <u>INDIAN</u>	Lease No.
Location			
Unit Letter <u>A</u>	<u>1167</u> Feet From The <u>NORTH</u> Line and <u>905</u> Feet From The <u>EAST</u>		
Line or Section <u>25</u>	Township <u>25-N</u>	Range <u>4-W</u>	County <u>RIO ARriba</u>

III. 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)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
<u>GAS COMPANY OF NEW MEXICO</u>	<u>FIRST INTERNATIONAL BLDG.</u>	
Unit	Sec.	Twp.
		Rge.
If well produces oil or liquids, give location of tanks.	Is gas actually connected?	When
	<u>YES</u>	

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								
POLE 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)			
Boiler First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gaslift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			
GAS WELL			
Actual First Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Shut-in Pressure (Shut-in)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

STATEMENT OF COMPLIANCE

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

[Signature]
(Signature)
[Signature]
(Title)
July 7, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

Original Signed by _____

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 transportation or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple