DISTRIBUTION SANTA FE		CONSERVATION COMMISSION T FOR ALLOWABLE	Form 3-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TE	AND RANSPORT OIL AND NATURAL	_ GAS	
OPERATOR OPERATOR				
Continental Oil	Company			
Attrest	Durango, Colorado			
Reason's) for filing (Check proper)	oox)	Other (Please explain)		
New West	Change in Transporter of: Oil Dry	Gas	,	
Thus perm wherebip	Casinghead Gas Con	densate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AN	D LEASE	No. 1 de la la Constitue	Kind of Lease	
Lease Name AXI Apache ************************************		Name, Including Formation 1 lard Pictured Cliffs	State, Federal or Fee Federal	
Location			The Book	
Unit Letter ;	990 Feet From The North			
Line of Section 12 ,	Township 25% Range	AW , NMEM,	de Arriba County	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	GAS Address (Give address to which ap	proved copy of this form is to be sent)	
			proved copy of this form is to be sent)	
Southern Union Ges	Casinghead Gas or Dry Gas	Address Give address to which ap	Bldg., 1507 Pacific Ave.,	
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When	
live location of tanks. If this production is commingled	with that from any other lease or po			
IV. COMPLETION DATA	Cil Well Gas Wel		Flug Back Same Restv. Diff, Restv.	
Designate Type of Compl		Total Derth	P.B.T.D.	
7 ste up obled 5/7/65	Date Sampl. Ready to Prod. 5/25/65	3950'	39221	
Bellard	Name of Producing Formation Pictured Gliffs	Top Oil/Gas Pay 3840	Tubing Depth 3871	
Lerforations			Depth Casing Shoe	
3841'~47', 3850'	TUBING, CASING,	AND CEMENTING RECORD	39501	
HOLE SIZE	CASING & TUBING SIZE	206 °	SACKS CEMENT	
6-3/4"	4-1/2**	3950'	175 sacks	
	2-3/8"	3871'		
	FOR ALLOWABLE (Test must able for thi	be after recovery of total volume of load s depth or be for full 24 hours)	loil and must be equal to or exceed top allow	
OH. WELL Late First New Ci. Hun To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
Length of Test	Tubing Pressure	Casing Fressure	Choke Size	
Actual Front, During Test	Cil-Bils.	Water-Bbls.	Gas - MCF	
			SELTIVED -	
GAS WELL			KLUEI	
Antwil Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravit of Conclute 1963	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Szeoll CON CONST.	
Reck pressure VI. CERTIFICATE OF COMPL	SITP 1040#, FTP 215 # IANCE	SICP 1040#, FCP 60 OIL CONSE	RVATION COMMISSION	
		APPROVED IIIN 4 1	000	
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.		ven l	APPROVED JUN 4 1965 BY Original Signed Emery C. Arnold	
above is true and complete to	o the best of my anomicage and ber	TITLE Supervisor Dist. #		
Original Signed By		This form is to be filed	This form is to be filed in compliance with RULE 1104.	
F. E. ELLIS (Signature)		If this is a request for	If this is a request for allowable for a newly drilled or deepened	
Assistant District Manager		tests taken on the well in a	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
(Title)		able on new and recomplete	able on new and recompleted wells. Fill out Sections I II III. and VI only for changes of owner	
June 2, 1965		well name or number, or tran	well name or number, or transporter, or other such change of condition	

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

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