Contine	nto1	A 1	C
Operator		٠	<u> </u>
PRORATION OF	1		
OPERATOR	2		
TRANSPORTER	GAS	7	
TRANSPORTER	OIL		
LAND OFFICE			
u.s.g.s.			
FILE	1		
SANTA FE	1		
DISTRIBUTIO			
NO. OF COPIES REC	5		

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IV.

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NO. OF COPIES RECEIVED 3					•		\
DISTRIBUTION	_ NE₩	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
SANTA FE	_	REQUEST FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65					
FILE / -	AND						,-03
u.s.g.s.	AUTHORIZA	ATION TO TRA	ANSPORT (OIL AND N	IATURAL (GAS	
LAND OFFICE							
TRANSPORTER GAS /	_						
OPERATOR 2							
PROPATION OFFICE							
Operator	<u> </u>						
Continental Oil C	lompany						
Address		Ing 82601					
152 North Durbin,		Ing 02001	те	N			
Reason(s) for filing (Check proper bo.		- - -	١	other (Please	explain)		
New Well	Change in Trans		(A)				
Recompletion	Oil	Dry Go					
Change in Ownership	Casinghead Gas	Conder	nsate				
f change of ownership give name and address of previous owner					· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF WELL AND Lease Name		Well No. Pool Na	me, Including	Formation		Kind of Lease	
AXI Apache "J"	.	16 Oter	o Chacra	ı		State, Federal or Fe	e Indian
Location						W+	
Unit Letter D; /	90 Feet From The	NOTEN Lin	ne and	840	_		
Line of Section 7 , To	ownship 25N	Range	5W	, NMPM,	Ri	o Arriba	County
DESIGNATION OF TRANSPOR Name of Authorized Transporter of C			Address (G	ive address t	o which appro	ved copy of this form i	s to be sent)
Name of Authorized Transporter of Co. Southern Union Gas C	Company	r Dry Gas 🛣	Fideli Dallas	ty Union Texas	Tower B 75201	ildg., 1507 Pac	s to be sent) cific Ave.,
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actu	ally connecte	d? Wh	en.	
f this production is commingled w				ngling order	number:		
Designate Type of Complet	ion - (X)	l Gas Well	New Well	Workover	Deepen	1 1	Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready	to Prod.	Total Dept	h 71 *		P.B.T.D. 3838 ¹	
4-1-71		-	_			Tubing Depth	
Pool	Name of Producing i	- ormation	Top Oil/Go	12'		3785°	
Otero Chacra	Chacra		3/	12			
Perforations 3717-3738 1						Depth Casing Shoe 3870	
	TUBIN	IG, CASING, AN	D CEMENT	NG RECOR	D		
HOLE SIZE	CASING & TI		Ì	DEPTH SE		SACKS C	EMENT
12 1/4"	8 5/8	311		2341		150 sack	S
7 7/8"	4 1/2		3870'		270 sack		
7 770	1 1/2		3785'				
TEST DATA AND REQUEST 1	FOR ALLOWABLE	(Test must be a able for this de	ifter recovery epth or he for	of total volu full 24 hours	me of load oil)	and must be equal to c	m exceed top allon
OH. WELL Date First New Oil Run To Tanks	Date of Test	abte jar bitto di			, pump, gas li	ift, etc.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	1 10-	
Actual Prod. During Test	Oil-Bbls.	·	Water - Bbls.		Gas-MCF	1971	
	1		.1		· · · · · · · · · · · · · · · · · · ·	1 3	T. 3
GAS WELL			Taut. c	1		Comits of C	
Actual Frod. Test-MCF (D)	Length of Test 24 h	rs.	BDIS, Cond	iensate/MMC		Gravity of Condens	110
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pro	essure 18		Choke Size	
CERTIFICATE OF COMPLIA			1		CONSERV	ATION COMMISS	
		il Concernation	APPRO	VED		JUN	10
I hereby certify that the rules and Commission have been complied above is true and complete to t	with and that the in	nformation given	BY_O	riginal S	igned by	Emery C. Arn	ıold

VI.

Administrative Supervisor (Title)

May 25, 1971

(Date)

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.

SUPERVISOR DIST. #9

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.

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