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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
PRORATION OFFICE	

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

I.

Operator Continental Oil Company	
Address 152 North Durbin	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name AXI Apache "J"	Well No. 19	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee Indian	Lease No. 147
Location				
Unit Letter D ; 990' Feet From The North Line and 990' Feet From The West				
Line of Section 6 Township 25N Range 5W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gas Company	Fidelity Union Tower Bldg., 1507 Pacific Ave. Dallas Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When
		No

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.
		X	X					
Date Spudded 11-8-71	Date Compl. Ready to Prod. 12-21-71	Total Depth 4900' RB (Depth of Packer)	P.B.T.D. Upper Zone of Dual Well					
Elevations (DF, RKB, RT, GR, etc.) 6584' GRD 6596' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3662' RB - Gas Pay	Tubing Depth 4894' RB					
Perforations 3666' - 3670', 3672' - 3680', 3676' - 3880' at one shot per foot			Depth Casing Shoe 4894' Packer Depth					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	239' RR	150 Sacks					
7 7/8"	5 1/2"	5267' RB	510 Sacks					
	1 1/4"	3779' RB	--					

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1,552	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate 0
Testing Method (pitot, back pr.) Choke Nipple	Tubing Pressure (Shut-in) 117 psig	Casing Pressure (Shut-in) 708 psig	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)

Administrative Supervisor

(Title)

1-11-72

(Date)

NMOCC(5), Aztec, BEA, File

OIL CONSERVATION COMMISSION

FEB 8 1972

APPROVED

BY Original Signed by Emory C. Arnold

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.