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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

I. Operator
Continental Oil Company
Address:
152 North Durbin, Casper, Wyoming 82601
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name AXI Apache "J"	Well No. 18	Pool Name, Including Formation Chacra	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A , 1050 Feet From The North Line and 990 Feet From The East Line of Section 8 , 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 checked="" type="checkbox"/> Plateau	Address (Give address to which approved copy of this form is to be sent) 1921 Bloomfield Blvd. Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., 1507 Pacific Ave. Dallas, Texas 75201					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Twp. 25N	Rge. 5W	Is gas actually connected? No	When

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-17-71	Date Compl. Ready to Prod. 11-4-71		Total Depth 5390'		P.B.T.D. 5360'			
Pool Chacra	Name of Producing Formation Chacra		Top Oil/Gas Pay 3824'		Tubing Depth 3847'			
Perforations 3834 - 3855' with 2 shots/ft.					Depth Casing Shoe 5390'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	236'	150
7 7/8"	4 1/2"	5390'	580
	1 1/4"	3847' GLM	

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 1 1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 795

GAS WELL

Actual Prod. Test-MCF/D 795 MCFD	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) Pitot	Tubing Pressure 55 psig	Casing Pressure 566 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.

J. A. Ubben
(Signature)
Administrative Supervisor
(Title)

December 16, 1971
(Date)

OIL CONSERVATION COMMISSION

FEB 7 1972

APPROVED _____, 19

BY **Original Signed by Henry C. Arno**

SUPERVISOR DIST. #3

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

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