NO. OF COPIES REC	1 4	5						
DISTRIBUTIO								
SANTA FE	1							
FILE	1	۷.						
U.S.G.S.								
LAND OFFICE								
TRANSPORTER	OIL							
TRANSFORTER	GAS	1						
OPERATOR	19							
PRORATION OF								
Operator								
Continents	a1 0i	1 Cc	mpa					
Address								
152 No. Di	ırbin	, Ca	spe					
Reason(s) for filing								
New Well	\square							
Recompletion								
Change in Ownershi	p							

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	1			REQUEST	FOR ALI	LOWABLE		Supersedes Old Effective 1-1-6	d C-104 and C-110	
	FILE	1	AND							·3	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
TRANSPORTER GAS /											
	OPERATOR	9									
1.	PRORATION OFFICE						·		· · · · · · · · · · · · · · ·		
	Operator										
	Continental Oil Company										
	152 No. Durbin	sper.	Wyoming 82	601							
	Reason(s) for filing (Check p			Other (Please explain)							
	New Well			Change in Transporter of:							
	Recompletion			Oil Dry Gas							
	Change in Ownership			Casinghead Gas Condensate							
	If change of ownership giv		e								
	and address of previous ov	vner _									
II.	DESCRIPTION OF WEL	L AN	ID LE	ASE							
	Lease Name		1 1	Well No. Pool Name, Including Formation Kind of Lease State, Federal of State, Feder				or Fee - 1.	Lease No.		
	AXI Apache J			21 Oter	o Chacra			bidie, i caciai	cr Fee Indian	147	
	т		1850	Feet From The	South	e and	790	Feet From T	a East		
	Unit Letter	- i	1030	Feet From The	Line	e ana		_ reet riom in	.e		
	Line of Section 5		Towns	nip 25N	Range	5W	, NMPM,	Rio	Arriba	County	
						_					
III.	DESIGNATION OF TRA	NSP	ORTE	R OF OIL AND N		S Address	(Give address to	which approve	ed copy of this form is	to be sent)	
	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 Transpo	rter of	Casing	head Gas or D	ry Gas 🟋	Address	Give address to	which approve	ed copy of this form is	to be sent)	
	Southern Union (Gas	Compa	iny	ji				dg., 1507 Pacific Ave.		
	If well produces oil or liquid	is,	U	nit Sec. Tw			Texas 7	d? When	'n		
	give location of tanks.				!	·	No				
	If this production is comm	ingled	with t	hat from any other	lease or pool,	give com	ningling order	number:			
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.										
	Designate Type of C	Compl	etion -	- (X)	х	X		1	İ		
	Date Spudded		D	ate Compl. Ready to I	Pred.	Total De	-		P.B.T.D.		
	12-3-71			1-23-72			5339 '		530 Tubing Depth	<u>0'</u>	
	Elevations (DF, RKB, RT, C	GR, etc	c.) N	ame of Producing For		Top Oil/	Gas Pay 3 7 52 '		379.	51	
	KB Perforations		Otero Chacra		3732		Depth Casing Shoe				
	3758'-3764', 3	-3778	3' and 3782'-		5338'						
					CASING, AND	CEMEN	TING RECOR	D			
	HOLE SIZE			CASING & TUB			DEPTH SE	T	SACKS CE	MENT	
	12 1/4"			8 5/	8"		238 ¹ 5338 ¹		150 525		
	7 7/8"			5 1/2" 1 1/4"		37951					
				1 1/	3.33						
v	TEST DATA AND REQ	UES	r FOR	ALLOWABLE	(Test must be a	fter recove	ry of total volu	me of load oil a	ind must be equal to or	exceed top allow-	
٠.	OIL WELL				able for this de	pin or on a	or just 24 hours	,		The state of the s	
	Date First New Oil Run To	Tanks		Date of Test		Producir	Producing Method (Flow, pump, gas lift				
	Length of Test			Tubing Pressure		Casing Pressure		Chok Siz			
	Length of Test	Length of lest							1 sero	40	
	Actual Prod. During Test		c	011-Bbls.		Water-B	ble.		Gas MCHIAN	3 10/2 }	
					<u> </u>			└ \ok con.	-com/		
	DIST. 3 🦯										
	GAS WELL Actual Prod. Test-MCF/D		Ti.	ength of Test		Bbls. Co	ondensate/MMC	 F	Gravity of Condensati		
	817			3 Hours	ŧ		0				
	Testing Method (pitot, back	pr.)	7	Tubing Pressure (Shut-in)		Casing I	Pressure (Shut	-in)	Choke Size		
	Back Pressure			771			830		3/4"		
VI	CERTIFICATE OF COMPLIANCE						OIL (TION COMMISSIO	N	
						1 4225	OVED	MAR		. 19	
	and the state of the same of	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				11		Signed b	y Emery C. Arn	old	
	commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.				BY_	Original					
	Original Signed By:					TITL	TITLE SUPERVISOR DIST. #3				
						This form is to be filed in compliance with RULE 1104.					
	EVERETT D. WILSON				11		for allow	able for a newly dril	lled or deepened		
	(Signature)					If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
•	Administrative Supervisor (Title) February 25, 1972					All sections of this form must be filled out completely for allow-					
					able 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.						
•											
	ADMOCO (E) PI	FΛ	(Date F410	,		Separete Forms C-104 must be filed for each pool in multiply					
	NMOCC(5), B	r 1.I.C		[compl	completed wells.						