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LAND OFFICE				
IRANSPORTER	OIL	11		
	GAS	\Box		
OPERATOR		17		

Proc. of the speciment of the second	SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE - AND NSPORT OIL AND NATURAL G	Form C-134 Supersedes Old C-104 and C-110 Effective 1-1-65				
	IRANSPORTER OIL GAS OPERATOR		ON TOTE AND NATURAL G	7/ .				
۱.	PRORATION OFFICE	OI .						
	Address							
	P.O. Box 460, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Continental Oil Company effective Change in Ownership Casinghead Gas Condensate July 1, 1979.							
	If change of ownership give name and address of previous owner							
i.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease P. Lease No.							
	AXI Apache O 2 Blanco Mesaverde (Gas) State, Federal or Fee Indian C-122							
	Unit Letter D; 1/90 Feet From The N Line and 1/68 Feet From The W							
,	3	mship 25-N Rance	4-W, NMPM, Rio A	criba County				
ī.	Name of Authorized Transporter of Cil	IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS of Authorized Transporter of Cit or Condensate Address (Give address to which approved copy of this form is to be sent) CONTINENTAL OIL CO						
	Name of Authorized Transporter of Cas.	ingnead Gas or Dry Gas	Address (Give address to which approv					
	Gas Co. of New M If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	Mrs, Texas 75270				
	If this production is commingled with	is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA Designate Type of Completion	Plug Baak Same Resty, Dift, Resty,						
	Date Spuaded	Date Compl. Reday to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depin				
	Perforations		Depth Casing Shoe					
		TUBING, CASING, AND	· · · · · · · · · · · · · · · · · · ·					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
v .	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Bun To Tanks	DR ALLOWABLE (Test must be afi able for this der	ter recovery of total volume of load oil on the or be for full 24 hours) Producing Method (Flow, pump, gas lif	and must be equal to or exceed top allow-				
	Length of Test	Tubing Pressure	Casing Presewe	Choke Size				
	Actual Prod. During Test	Oll-Bbis.	Water - 351s.	Gravity of Scioling DIST. 3 Choke Size				
Į	GAS WELL Actual Prod. Toot-MCF/D	Length of Test	Bbis. Condensate/MMCF	GINVIN OF CON. COM.				
		,	Casing Pressure (Shut-in)	Chara Stee				
	Testing Method (pitat, back pr.)	Tuping Pressure (Shut-in)		1				
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.			112614	ation commission 9 1979				
			BY Original Signed by A. R. Kendrick					
	above is true and complete to the	best of my knowledge and belief.	SUPERVISOR DISTRICT 架 3					
			This form is to be filed in compliance with RULE 1104.					

Division Manager (Tile) 11-75

NMOCD (5) Aztec FILE

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.