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	UISTRIBUTION			
	SANTATI	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C+104 Supersedes Old C+104 and C-110
	FILE / /	AND S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE			
	IRANSPORTER OIL]		
	OPERATOR 2	4		
1.	PRORATION OFFICE			
	CONTINENTAL OIL COMPANY			
	Aduless			
	P.O. Box 460 HOBBS, N.M. 88240 Reason(s) for tiling (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry G		
	Change in Ownership	Casinghead Gas Conde	nsate	
	If change of ownership give name and address of previous owner			
H.	DESCRIPTION OF WELL AND			
!	AXI APACHE "	Well No. Poel Name, Including F	FORMATION KIND of Lease State, Federal	I OF FOR
	Location	EAST	SAVERUE	50471
	Unit Letter P; 99	Feet From The South Li	ne and 790 Feet From 1	The LAST
	Line of Section /2 To	wnship 25 N Range	4-W , NMPM, R20	ARRIBA County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Cil		Address (Give address to which approx	ved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	GAS COMPANY OF NEW MEXICO 1201 ELM ST. DALLAS, TEXAS 75270			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
}	give location of tanks.		No	<u> </u>
	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	8-11-76	1-24-77	6250	6095
1	Elevations (DF, RKB, RT, GR, etc.,	MESA VERDE	Top Oil/Gas Pay	Tubing Depth 6052
	GR 7289' MESA VERDE 5408 GO52 Perforations 5498, 86, 90, 98, 5506, 20 \$22'(IJSPF); 5752, 56, 88, Depth Casing Shoe			
	92, 96, 98, 5876 + 78' (1 JSPF): (010, 14.16, 20, 22, 24, 28 £30' (1JSPF) 62/2 TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 14 "	5 1/2 "	560'	310 5X. 915 5X.
			3212	1
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
	OII. WELL able for this depth or be for full 24 hours) Date First New Ci. Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
				77
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 5 1977
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	GOOMOF COM.
		<u> </u>		DIST. 3
	GAS WELL			
	Actual Prod. Toot-MCF/D 1246 CAOF	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
	1246 CAOF Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/11"

OIL CONSERVATION COMMISSION . (. .

APPROVED. BY Original Signed by A. R. Kendrick

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.

Sr. Stoff Gest. 2-3-77 NMOCC-AZTEC (5), USGS-DURANGO (2)

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.

VI. CERTIFICATE OF COMPLIANCE