| . 1 | | | | 1 |
|------|--|---------------------------------------|---|---|
| | DISTRIBUTION | NEW MEXICO OIL CO | ONSERVATION COMMISSION | Form C-104 |
| | SANTA FE / | | FOR ALLOWABLE | Supersedes Old C-104 and C-110 |
| | FILE | | AND | Effective 1-1-65 |
| | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL GAS | 5 |
| | TRANSPORTER GAS) | | | |
| | OPERATOR Z | | • | |
| 1. | PRORATION OFFICE | | | |
| | CONTINENTAL DIL COMPANY | | | |
| | Address | | | , |
| | P.O. Box 460 | HOBBS, NEW | N MEXICO 8824 | 0 |
| | Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) | |
| | Recompletion | Oil Dry Gas | s 🔀 | e e |
| | Change in Ownership | Casinghead Gas Conden | sate | |
| | If change of ownership give name and address of previous owner | | | |
| 75 | DESCRIPTION OF WELL AND | LEASE | | CONTRAC |
| | Lease Name | Well No. Pool Name, Including Fo | | INDIAN Large No. |
| | AXI APACHE | 1 26 GONZALES | MESA VERDE State, Federal of | Fee /47 |
| | Location R O | 5 Feet From The NORTH Line | 11550 | EAST |
| | Unit Letter;;;; | Feet From The //OK/H Line | | • |
| | Line of Section 6 Tov | mship 25 N Range | 5-W, NMPM, K20 | ARRIBA County |
| | PROJECT AMION OF TRANSPORT | TED OF OU AND NATURAL CA | e | |
| III. | DESIGNATION OF TRANSPORT | or Condensate | Address (Give address to which approved | copy of this form is to be sent) |
| | | | | |
| | Name of Authorized Transporter of Cas | ./ 44 | Address (Give address to which approved | copy of this form is to be sent) |
| | GAS COMPANY OF | Unit Sec. Twp. Rge. | Is gas actually connected? When | |
| | If well produces oil or liquids, give location of tanks. | | No | |
| | If this production is commingled wit | th that from any other lease or pool, | give commingling order number: | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen F | Plug Back Same Res'v. Diff. Res'v. |
| | Designate Type of Completic | x = -(X) | X | |
| | Date Spudded | Date Compl. Ready to Prod. | | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, egc.) | Name of Producing Formation | 5295 Top Oil/Gas Pay | Tubing Depth 5/64 |
| | GR 6624 | MESA VERDE | 5008 | 5164' |
| | Perforations | | I | Depth Casing Shoe |
| | 5008 - 5212 TUBING, CASING, AND | | CEMENTING RECORD | - 5293 |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | 12 14" | 8 5/8 " | 500' | 310 |
| | 77/8" | 2 3/8" | 5295 | ///0 |
| | | 2 3/8 | 5164 | - Carlon |
| V. | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | fter recovery of total volume of load oil and | i must be equal to or exceediton allow- |
| • | OIL WELL | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Memod (1 test) Pampy and topy | 1 |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Siz AUG S 1977 |
| | | | Water-Bbls. | OIL CON. COM. |
| | Actual Prod. During Test | Oil-Bbls. | water - Dois. | DIST. 3 |
| | <u> </u> | <u> </u> | | |
| | GAS WELL | | | Outside of Outside outside |
| | Actual Prod. Test-MCF/D | Length of Test 3 HRS. | Bbls. Condensate/MMCF | Gravity of Condensate |
| | 1518 AOF Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size 3/4" |
| | B.P. | 1090 | 1096 | -74 |
| VI. | CERTIFICATE OF COMPLIAN | CE | OIL CONSERVAT | |
| | 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. | | APPROVED | |
| | | | ORIGINAL SIGNED BY M E MAXWELL ID | |
| | | | PETROLEUM EMODELES AND | |
| | | | TITLE | |
| | 12-16- 11 | | This form is to be filed in compliance with RULE 1104. | |
| | C. K. Bearly. | | 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 | |
| | de Stall ast | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- | |
| | Title) | | able on new and recompleted wells. | |
| | 8.4.77 | | 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. | |
| | NMOCE . AZTEC (5) . U | ISGS. DURANGO (2) | Separate Forms C-104 must | be filed for each pool in multiply |
| | EXXON - BEA - 1 | FJLE | i completed wells. | |