			/
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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104
SANTA FE /	REQUEST	REQUEST FOR ALLOWABLE  Supersedes Old Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TR	AND ANSPORT OIL AND NATUR	DAL CAS
LAND OFFICE	AUTHORIZATION TO TR	ANSFORT OIL AND NATUR	RAL GAS
TRANSPORTER			
GAS /	i 		
OPERATOR /	<del>-</del>		
PRORATION OFFICE	1		
Continental Oil Con	apany		
Aldress			
Reason(s) for filing (Check prope		Other (Please explain	.)
New Well	Change in Transporter of:	Office (1 reade explain	,
Recompletion	ost 🔲 Sry G	as 🗀	
'hange in Ownership	Casinghead Gas Conte	ensate	
If change of ownership give na	me		
and address of previous owner			
. DESCRIPTION OF WELL A	ND LEASE		
Lease Name		ame, Including Formation	Kind of Lease
AXI Apache "K"	4 So.	Blanco Pictured Cliff	State, Federal or Fee <b>Federal</b>
Location	an South	ne and <b>1027</b> Feet	Yest
Unit Letter # ;	Peet From The <b>South</b> Li	ne and 1027 Feet	From The West
Line at Seation 3	, Township <b>26N</b> Range	5W , NMPM, Ric	Arriba County
Name of Authorized Transporter of	FORTER OF OIL AND NATURAL GO		approved copy of this form is to be sent)
William Of Francoing Francoing	. o		
Name of Authorized Transporter of	f Casinghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
Southern Union Gas	Company	Fidelity Union Tower	Bldg, Balles, Texas
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
five location of tanks.	· · · · · · · · · · · · · · · · · · ·	No	<u> </u>
If this production is commingle . COMPLETION DATA	d with that from any other lease or pool,	give commingling order number	r:
1	Cil Well Gas Well	New Well Workover Deep	en   Flug Back   Same Res'v. Diff. Res'v
Designate Type of Comp	, , , , , , , , , , , , , , , , , , ,	<b>X</b>	i i
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7 <b>-20-65</b>	8-17-65  Name of Producing Formation	6150' Top Oil/Gas Pay	Tubing Depth
South Blanco	Pictured Cliffs		Produced through annulu
Perforations		2114	Depth Casing Shoe
3822-30', 3809-14'			6150*
<u></u>		D CEMENTING RECORD	SACKS SEMENT
HOLE SIZE	CASING & TUBING SIZE	220 <sup>1</sup>	SACKS CEMENT
12 1/4" 7 7/8"	8 5/8" 4 1/2"	61501	350 sacks
1_110	4 1/2		
	T FOR ALLOWABLE (Test must be a	after recovery of total volume of loc epth or be for full 24 hours)	ad oil and must be equal to or exceed top allow
OIL WELL    Date Pirst New Cil Run To Tanks		Producing Method (Flow, pump,	gas lift, etc.)
		- , , , , , , ,	AFILA
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			/KLULIA LD
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 950 7 1965
			SEP 27 1965
GAS WELL			OIL CON. COM.
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond DIST.
818	1 hour		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	- LANGE	67#	3/4"
CERTIFICATE OF COMPL	IANUE	H .	ERVATION COMMISSION
I hereby cartify that the rules	and regulations of the Oil Conservation	APPROVED SEP 2	7 1965 , 19
Commission have been compli	ed with and that the information given		nsd Emery C. Arnold
above is true and complete to	o the best of my knowledge and belief.		
		TITLE Supervisor Dist.	. # 3
_	nal Signed By	This form is to be file	d in compliance with RULE 1104.
	BEN W. SMITH		allowable for a newly drilled or deepened
		If this is a request for	and the second s
Assistant District	Signature)	well, this form must be acc	companied by a tabulation of the deviation accordance with RULE 111.

Assistant District Manager

MADOCE (A) JAG

9-24-65

(Title)

(Date)

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 Forms C-104 must be filed for each pool in multiply completed wells.

 $\,$  All sections of this form must be filled out completely for allowable on new and recompleted wells.