

NO OF LADIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1992-11-17/18  
JAN 12 1993  
CALIFORNIA CONSERVATION DIVISION  
SANTA FE

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

Form C-104  
Revised 10-01-78  
Format 08-01-83  
1041

RECEIVED  
DEC 20 1983  
ON  
DIST. 3

GAS

If change of ownership give name  
and address of previous owner Conoco, Inc., P.O. Box 460, Hobbs, NM 88240

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
AXI Apache A	1	Ballard Pictured Cliffs	State, Federal or Fee Indian	Jic.Cont.
Location				
Unit Letter <u>D</u> : <u>990</u> Feet From The <u>north</u> Line and <u>1140</u> Feet From The <u>west</u>				
Line of Section	Township	Range	NMPM.	County
<u>15</u>	<u>23N</u>	<u>5W</u>	<u>Rio Arriba</u>	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico					P.O. Box 1899, JAMMIEFIELD, NM 87413
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <input type="checkbox"/> When
					yes

NOTE: Complete Parts IV and V on reverse side if necessary.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED JAN - 4 1966, 1966  
BY [Signature]  
TITLE SUBCOMMITTEE REPORT # 2

**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 M.U.L.G. 111.

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.

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size