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TRANSPORTER OIL
GAS 1
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PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

Operator: CONTINENTAL OIL COMPANY
Address: BOX 110, HORRES, NEW MEXICO 88240
Reason for change (Check proper box):
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain): TRANSPORTER'S NAME CHANGE

If change of ownership give name and address of previous owner _____

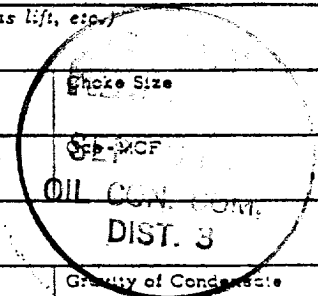
I. DESCRIPTION OF WELL AND LEASE
Lease Name: AXE APACHE "A" Well No.: 4 Pool Name, including Formation: VALLEJO PICTURED CLIFFS Kind of Lease: INDIAN Lease No.: _____
Location: Unit Letter: A : 990 Feet From The North Line and 990 Feet From The EAST Line of Section 16 Township 22-N Range 5-W, NMPM, RIO ARIZO County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved 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) FIRST INTERNATIONAL SLSA - 1201 ELM ST., DALLAS, TEXAS 75270
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? YES When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'n Diff. Res'n
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.,) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
POLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load 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 WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____



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 herein is true and complete to the best of my knowledge and belief.
A. R. Kendrick (Signature)
September 7, 1976 (Date)
WMO-2-AZTEC (5) - FILE
OIL CONSERVATION COMMISSION
APPROVED SEP 9 1976, 19____
BY Original Signed by A. R. Kendrick
TITLE SEPTEMBER 7, 1976
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.