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DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	Form C-104
SANTA FE	:	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR 2			
PRORATION OFFICE !			
Conoco Inc.			
P.O. Box 46	00, Hobbs, New Mexico 882	· · · · · · · · · · · · · · · · · · ·	
Reasons) for tiling (Check proper t		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpo	
Recompletion Change in Ownership	Cil Dry G Custinghead Gas Conde		Company effective
If change of ownership give name and address of previous owner	•		
I. DESCRIPTION OF WELL AN	D LEASE.	Formation Kind of Lea	se Leas o No.
AXI Apache A	6 Ballard Pich	ored Cliffs State, Feder	ul or Fee INDIAN C-77
Unit Letter;		,	The W
Line of Section 9	Township $23-N$ Range	5-W, NMPM, Kio.	Arriba county
I. DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G.	AS Address (Give address to which appro	oved copy of this form is to be sent;
Name of Authorized Transporter of 625 Company 1	of New Mexico		illas Texas 75.270
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Will	hen '
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	etion = (X)	New Well Workover Deepen	Plug Baox Same Resty, Diff. Resty,
Date Spuaded	Sate Compi. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKE, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top allow-
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tucing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oll-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL			JUN 19 1979
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate DIST. 3
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size
A CERTIFICATE OF COMPLI	ANCOR	OU CONSERV	ATION COMMISSION

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.

(Signature) Division Manager

(Title)

(Date) NMOCD (5) Aztec FILE

JUN 1 9 1979 APPROVED. Original Signed by FRANK

TITLE DEPUTY OIL & GAL HASSELTING, UND

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, ell name or number, or transporter, or other such change of condition.

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