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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR 2  
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 1-1-65

I. Operator: Continental Oil Company  
Address: Box 460 Hobbs, New Mexico 88240  
Reason(s) for filing (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

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: AXI APACHE "C" Well No.: 1 Pool Name: INCLUDING FORMATION Kind of Lease: INDIAN Lease No.:  
Location: Unit Letter: M Feet From The: 214 SOUTH Line and 751 Feet From The: WEST  
Line of Section: 4 Township: 23-N Range: 5-W, NMPM, RIO ARriba County

III. 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):  
GAS COMPANY OF NEW MEXICO FIRST INTERNATIONAL SEC. 1201 ELM ST. DALLAS, TEXAS 75201  
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:

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RAB, 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

VI. 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-MCF

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (Shot-in) Casing Pressure (Shot-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 above is true and complete to the best of my knowledge and belief.  
Signature: [Signature]  
Title: [Title]  
Date: September 7, 1976  
11000-ARTEC (5) - FILE

OIL CONSERVATION COMMISSION  
APPROVED: [Signature], 19  
BY: Original Signed by A. R. [Signature]  
TITLE: [Title]  
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.