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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

Operator: CONFIDENTIAL (see LEASE)
Address: Box 440, 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: _____

DESCRIPTION OF WELL AND LEASE
Lease Name: AXE APACHE "H" Well No., Pool Name, including Formation: 8 BALLARD PICTURED CREEKS Kind of Lease: INDIAN Lease No.: _____
Location: Unit Letter 1A : 990 Feet From The SOUTH Line and 990 Feet From The WEST Line of Section 5 Township 23-N Range 5-W , NMPM, R10 ARRIBA County _____

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 BROS. 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 3-28-60

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

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 Comp. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevation (MCF, 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

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 _____
Test - (Shut-in, 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 above is true and complete to the best of my knowledge and belief.
Signature: _____ Title: _____ Date: September 7, 1976
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY: Original Signed by A. R. Kendrick
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 Form C-104 must be filed for each pool in multiply completed wells.