DISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION	Form C-104 Superseass Via C-104 and C-11
FILE U.S.G.S. LAND OFFICE		FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Effective 1-1-55
OPERATOR 2  OPERATOR 2  I. PRORATION OFFICE			
Conoco Inc.			
P.O. Box 460	, Hobbs, New Mexico 882		
Reason(s) for filing (Check proper box, New Well  Recompletion  Change in Ownership	Change In Transporter of: Oil Dry Go Castnahead Gas Conde	=   continuent off c	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE		
AXI Apache?	Hell No. Fool Name, Including F 3 Ballard Pich		cr Fee Indiau C45
Unit Letter M ; 99	O Feet From The Lir	ne and 990 Feet From Th	ne
Line of Section 17 Tov	vaship J3 N Range	4W, NMPM, Rio A	rriba county
I. DESIGNATION OF TRANSPORT			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	n copy of this form is to be sent)
Name of Authorized Transporter of Case Gas Company of No		Address (Give address to which approve	d copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	0-10-77
If this production is commingled with	th that from any other lease or pool,	•	
V. COMPLETION DATA  Designate Type of Completic	on $-(X)$ Gas Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty.
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
Periorations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOOL WELL	able for this de	ifter recovery of total volume of load oil arepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift,	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	OII-Bbls.	Water - Bbls.	Gan-MEF JIM
GAS WELL	<u> </u>	<u></u>	OIL CON 0

Actual Prod. Test-MCF/D

NMOCD (5) Aztec

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Length of Test

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.

(Title) 1/-

(Date)

Division Manager

FILE

Tubing Pressure (Shut-in)

Bbls. Condensate/MMCF Gravity Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION APPROVED JUN 1 9 1970

BY\_Original Signed by A. R. Kendrick, 19 SUPERVISOR DISTRICT # 3 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.