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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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. OWNER	
Name <b>Southern Union Gas Company</b>	
Address <b>P. O. Box 1912, Durango, Colorado 81301</b>	
Reason(s) for filing (check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Leasing Action <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <b>LEASE WELD CHANGE</b>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE			
Lease Name <b>AXI Apache "C"</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Ballard Pictured Cliffs</b>	Kind of Lease <b>Federal</b>
Location			
Unit Letter <b>P</b>	<b>990</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b>		
Line of Section <b>34</b>	Township <b>24N</b>	Range <b>5W</b>	County <b>Rio Arriba</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Southern Union Gas Company</b>	<b>Fidelity Union Tower Bldg., 1507 Pacific, Dallas</b>
If well produces oil or liquids, give location of tanks.	Unit <input type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/>
	Is gas actually connected? <b>Yes</b> When _____

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Drilled	Date Compl. Ready to Prod.
Total Depth	Perf. D.D.
Name of Producing Formation	Top Oil/Gas Pay
Perforations	Tubing Depth
Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

V. 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
Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
OIL CONSERVATION COMMISSION	
APPROVED <b>FEB 26 1965</b> , 19 _____	
Original Signed By <b>A. R. KENDRICK</b>	
TITLE <b>PETROLEUM ENGINEER DIST. NO. 3</b>	
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 Sections I, II, III, and VI only 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.	

