			1
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S. LAND OFFICE IRANSPORTER GAS / OPERATOR Z PRORATION OFFICE	AUTHORIZATION TO TRA	GAS	
Conoco Inc.			
P.O. Box 460,	Hobbs, New Mexico 8824		
Reasons) for tiling (Check proper box) New Well Recompletion Change in Ownership	Change in Trunsporter of: Cil Dry Ga Castnahead Gas Conder		rate name from Company effective
If change of ownership give name and address of previous owner			
Lease Name AXI Apache L Location Unit Letter	8 Blanco Picture Beet From The Sun	ed Cliffs, So. State, Feder	The W
DESIGNATION OF TRANSPORT		Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Cast Gas Company of If well produces oil or liquids, give location of tanks.	• '	1.11	oved copy of this form is to be sent; ALBG. All 93 Tek95 75270 hen
If this production is commingled with COMPLETION DATA	n that from any other lease or pool,	give commingling order number:	
Designate Type of Completion	n=(X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Dift. Restv
Date Spuaged	Date Compt. Recay to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, 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
. TEST DATA AND REQUEST FO		ifter recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow

Date First New Oil Run To Ta Tubing Pressure Casing Pressure Length of Test Water - Bble. Actual Prod. During Tost Oil-Bbls. GAS WELL Seondeneale (1) Length of Test Bbis. Condensate/MMCF Grav Actual Prod. Test-MCF/D Cosing Pressure (Shut-in) Choke S Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

. 1

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

NMOCD (5) Aztec

(Title)

(Date) FILE

OIL CONSERVATION COMMISSION

JUN 1 9 1979 Original Signed by A. R. Kendrick 19. APPROVED.

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