

|                        |                                                                         |
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| SANTA FE               |                                                                         |
| FILE                   |                                                                         |
| U.S.G.S.               |                                                                         |
| LAND OFFICE            |                                                                         |
| TRANSPORTER            | <input checked="" type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR               |                                                                         |
| PRODUCTION 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<br>Conoco Inc.                          |                                                                                                                                                                                   |
| Address<br>P.O. Box 460, Hobbs, New Mexico 83240 |                                                                                                                                                                                   |
| Reason(s) for filing of back proper order        | Other (Please explain)                                                                                                                                                            |
| New Well <input type="checkbox"/>                | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>            | Change of corporate name from Continental Oil Company effective July 1, 1979.                                                                                                     |
| Change in Ownership <input type="checkbox"/>     |                                                                                                                                                                                   |

If change of ownership give name and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE

|                                                                             |                                                                           |                                                 |                   |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------|-------------------|
| Lease Name<br>Axi Apache O                                                  | New Well, Pool Name, Including Formation<br>H Blanco Pictured Cliffs, So. | Kind of Lease<br>State, Federal, or Free Indian | Lease No.<br>C122 |
| Location<br>Twp. Letter N 900 Feet From The S Line and 1650 Feet From The W | Line of Section 10 Township 25-N Range 4W                                 | County<br>Rio Arriba                            |                   |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                       |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>      | Address (Give address to which approved copy of this form is to be sent) |
| Conoco Inc.                                                                                                           | 555 17th St. Denver CO                                                   |
| Name of Authorized Transporter of Gas/Dry Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Gas Company of New Mexico                                                                                             | 1201 Elm St. Dallas, TX                                                  |
| If well produces oil or liquids, give location of tanks.                                                              | Is gas actually connected? 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 Reservoir <input type="checkbox"/> Different Reservoir <input type="checkbox"/> |                 |                   |
| Date plugged                         | Date Compl. Ready to Prod.                                                                                                                                                                                                                                                                      | Total Depth     | P.S.T.D.          |
| Elevations - DF, RKB, RT, GR, etc.   | Name of Producing Formation                                                                                                                                                                                                                                                                     | Top Oil/Gas Pay | Tubing Depth      |
| Perforations                         |                                                                                                                                                                                                                                                                                                 |                 | 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)

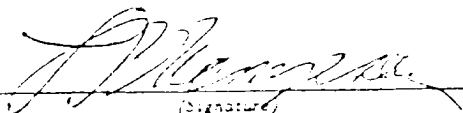
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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 (pilot, back prod.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. 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)

Division Manager

6-11-79

MOCD (5) Antec

5110

OIL CONSERVATION COMMISSION

APPROVED JUN 11 1979, 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 Forms C-104 must be filed for each pool in multiply