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U.S.G.S.
LAND OFFICE
TRANSPORTER ☐ OIL ☒ GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OCS C-104 and C-110
Effective 1-1-55

I.
Lessor
Conoco Inc.
Address
P.O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gas in Kind Gas ☐ Condensate ☐
Other (Please explain)
Change of corporate name from
Continental Oil Company effective
July 1, 1979.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
AXI Apache O
Well No., Loc. Name, Including Formation
16 Blanco Pictured Cliffs, So.
Kind of Lease
State, Federal or Fee Indian
Lease No.
C122
Location
Unit Letter
D
790 Feet From The
N
Line and
1120 Feet From The
W
Line of Section
10 Township
25-N Range
4-W N.M.P.M. Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Conoco, Inc.
Address (Give address to which approved copy of this form is to be sent)
555 17th St. Denver, CO
Name of Authorized Transporter of Gas in Kind Gas ☐ or Dry Gas ☒
Gas Company of New Mexico
Address (Give address to which approved copy of this form is to be sent)
1201 Elm St. Dallas, TX
If well produces oil or liquids,
give location of tanks.
Unit
Sec.
Twp.
Rge.
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Drill Reentry
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations DF, RAB, 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					

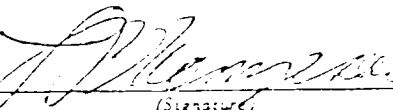
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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-Bbls.
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quality of Condensate
Testing Method (pilot, back pr.)	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

NYMCO (5) Antec

51112

OIL CONSERVATION COMMISSION

APPROVED 6-11-79

Original Signed By A. R. Kendrick, 19

BY

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