			/
DISTRIBUTION	NEW MEXICO OIL C	CNSERVATION COMMISSION	Form C+184
SANTA FE REQUEST FO		FOR ALLOWABLE AND	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S
IRANSPORTER GAS .			
PROBATION OFFICE			
Conoco Inc.			
P.O. Box 460,	, Hobbs, New Mexico 8824		
Reason(s) for tiling (Check proper box) New Well Percompletion Thange in Ownership	Change in Transporter of: Ott Dry Ga	Continental Oil Company effective	
f change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND		ormation Kind of Lease	Lease No.
AXI Apache J	3/ Gonzales Me	saverde (Gas) State, Federal o	Fee Indian C-147
Unit Letter / ; //	50 Feet From The 5 Lin	/ ~ ^	
Line of Section 5 Tov	wnship 25 N Range	5W, NMFM, Rio A	rriba County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which approve	i copy of this form is to be sent)
Conoco Inc.		555 17th 5t. Den Address (Give address to which approve	
Name of Authorized Transporter of Car	singhed Gas of Dry Gas	1201 E/m St. Da. St. When	llas Texas 7527
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
Date Spunded	Date Compl. Ready to Prod.	Total Depth	P.â.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cti/Gas Pay	Tubing Septh
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil a epth 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	Cil-Bbia.	Water - Bbls.	Gas-M.P. 4079
CACHEVI			2004 J. 8 13.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Cravità et SARa negre
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	NCE	1;	TION COMMISSION
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.		APPROVED JUN 1 9 1979, 19 Original Signed by FRANK T. HAVEZ	
		I HY	DEPUTY OIL & GAS INSPECTOR, DOLLARS
· 137-7		TITLE	
T. I.Mamaria		This form is to be filed in o	shie for a newly drilled or deeper
Division Manager		well, this form must be accompared tests taken on the well in accor	ried by a tabulation of the devise

Division Manager

FILE

MMOCD (5) Aztec

(Title)

(Date)

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.