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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	<u>3</u>
PRODUCTION OFFICE	

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

Form O-104
Supersedes O-104 and O-110
Effective 1-1-65

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reasons for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner <u>Drilling well - Name change only</u>	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>AXI Apache N</u>	Well No. Pool Name, Including Formation <u>15A Blanco Pictured Cliffs, So.</u>	Kind of Lease State, Federal or Fee Indian	Lease No. <u>C121</u>
Location Unit Letter <u>O</u> ; <u>990</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>E</u> Line of Section <u>11</u> Township <u>25 N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of NM</u>	<u>1201 Elm St. Dallas TX</u>
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	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug back	☐ Same Res'n. Unit. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (D.F., R.A.B., R.T., G.R., 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 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]
(Signature)
Division Manager
(Title)
6-11-79
Date
NMOOD (s) Attest

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1979, 19
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DISTRICT 9

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.
Form O-104 must be filed for each pool in multiple