

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 Old C-104 and C-
 Effective 1-1-65

I. Operator CONOCO INC.
 Address PO Box 460 Hobbs NM 88240
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>AXI Apache N</u>	Well No. <u>13A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease <u>INDIAN CONTRACT</u> State, Federal or Fee	Lease No. <u>121</u>
Location Unit Letter <u>I</u> ; <u>1520</u> Feet From The <u>SOUTH</u> Line and <u>1050</u> Feet From The <u>EAST</u> Line of Section <u>2</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio ARRIBA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Conoco Surface Trans.</u>	Address (Give address to which approved copy of this form is to be sent) <u>200 S. Bloomfield Blvd. Bloomfield</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>GAS Co. of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>1st International Bldg - Suite 1800 Dallas, TX</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? <u>No</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

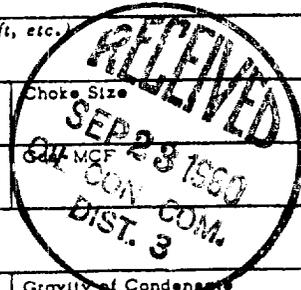
Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>6/15/80</u>	Date Compl. Ready to Prod. <u>8/12/80</u>	Total Depth <u>6310'</u>		P.B.T.D. <u>6267'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>7299' GL</u>	Name of Producing Formation <u>Mesaverde</u>	Top Oil/Gas Pay <u>5478'</u>		Tubing Depth <u>6104'</u>				
Perforations <u>5478' - 5625'</u>	<u>5934' - 6146'</u>		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>287'</u>	<u>230 SX</u>
<u>8 3/4"</u>	<u>7"</u>	<u>4281'</u>	<u>239 SX</u>
	<u>4 1/2" liner</u>	<u>4097' - 6300'</u>	<u>380 SX</u>
	<u>2 3/8"</u>	<u>6104'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 WELL

Actual Prod. Test-MCF/D <u>4641</u>	Length of Test <u>24 hrs</u>	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>flowing</u>	Tubing Pressure (shut-in) <u>276 psi</u>	Casing Pressure (shut-in) <u>840 psi</u>	Choke Size <u>3/4"</u>

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.

Jane A. Heir
 (Signature)
 Administrative Supervisor
 (Title)
 SEP 19 1980
 (Date)

OIL CONSERVATION COMMISSION
 SEP 20 1980
 APPROVED _____, 19____
 BY Original Signed by FRANK T. CHAVEZ
 TITLE SUPERVISOR DISTRICT # 3

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 multiple completed wells.

11mccn(4) FILE