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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 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)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Axel Apache N</u>	Well No. <u>13A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Indian</u>	Lease No. <u>0011411</u>
Location Unit Letter <u>L</u> : <u>1695</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>25 N</u> Range <u>4 W</u> , NMPM, <u>San Andres</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>Transoceanic Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Albuquerque, N.M.</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Amesbury & Son, Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bohannon, New Mexico</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
				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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>7-15-80</u>	Date Compl. Ready to Prod. <u>9-16-80</u>		Total Depth <u>6300'</u>		P.B.T.D. <u>6238'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7350' A2</u>	Name of Producing Formation <u>Mesaverde</u>		Top Oil/Gas Pay <u>5512'</u>		Tubing Depth <u>6039'</u>			
Perforations <u>5838' - 6157'</u>		<u>5512' - 5758'</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>369'</u>	<u>312 SK</u>
<u>8 3/4"</u>	<u>7"</u>	<u>4259'</u>	<u>432 SK</u>
	<u>2 3/8"</u>	<u>6039'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be continuous for 24 hours 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 <u>1786 AGF</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>102 psi</u>	Casing Pressure (Shut-in) <u>515 psi</u>	Choke Size <u>.750"</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. Weir
(Signature)
Administrative Supervisor
(Title)
November 6, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 17 1980, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
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 allowables 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.