	HO. OF COPIES RECEIVED					
	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	IRANSPORTER	OIL				
ı		GAS				
•	OPERATOR					
	PRORATION OFFICE					
	Operator					
	Conoco					
	Address					
	Ρ.	$\mathcal{I}$	70;	×		
	Reason(s) for liling (Check proper box,					
	New Well	كط				
	Recompletion					
į	Change in Ownership					

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 GAS			
ı.	TRANSPORTER OIL GAS  OPERATOR  PRORATION OFFICE  Operator						
	Conoco	Inc.					
	Address PO Box	460 Hobbs	NW 88	240			
	Reason(s) for liling (Check proper box		Other (Please explain)	8 10			
	New Well	Change in Transporter of:					
	Recompletion	CII Dry Go	<b>=</b>				
	Change in Ownership	Casinghead Gas Conder	nsute				
	If change of ownership give name and address of previous owner						
11.	Lease Name  AXI Apache m  Location	Well No. Pool Name, Including F	ormation Kind of Lease State, Feder	John and			
	Unit Letter A :_//0	D Feet From The Worth Lin	ne and 800 Feet From	The East			
		- 2¢ / 5 /	IW NMPM Rip a				
	Line of Section 13 Tov	waship 25 N Range 4	1W , NMPM, Kio U	County			
III. 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 a supported by the condensate   Address (Give address to which approved copy of this form is to be a supported by the condensate   Address (Give address to which approved copy of this form is to be a supported by the condensate   Address (Give address to which approved copy of this form is to be a supported by the condensate   Oil   Oil							
	Name of Authorized Transporter of Cas		Address (Give address to which appro	oved copy of this form is to be sent)			
		Unit Sec. Twp. Pge.	Is gas actually connected? Wi	nen			
	If well produces oil or liquids, D give location of tanks.	1 1 1	700				
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completic						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	9-9-80 Elevations (DF, RKB, RT, GR, etc.)	9-30-80 Name of Producing Formation	G / 20	6075			
	11 15' GR	Mesaver de	5289	5878			
	Perforations 52891 - 5593	+otal 21 hous		Depth Casing Shoe			
5796'-5918' -lotal 21 holes TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 "14"	9 3/8 "	365	200 SX			
	9 3/4"	7"	1.117'	700 SX			
	6/4	2 3/8"	5878				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or example of this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks	1. 117.1.1.					
				Choke Signal			
-	Length of Test	Tubing Pressure	Casing Pressure				
	Actual Pred. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF			
	GAS WELL			TO THE COM.			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	/8/9 AOF Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Flouing	NA NA	NA	NA			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION			
	·		APPROVED DEC 17 1980 . 19				
	I hereby certify that the rules and r Commission have been complied w	with and that the information given	Original Signed by FRANK T. CHAVEZ				
	above is true and complete to the	beat of my knowledge and belief.	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 deepene well, this form must be accompanied by a tabulation of the deviatio 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 Secretary Forms C-104 must be filled for each pool in multiple.				
	Jane a-1 Le	1					
	XIVNL 4-14	W					
	administrative -	Supervisor					
	Administrative Con Movember	1 1000					
	//Ovember	6, 1780 (c)					

Separate Forms C-104 must be filed for each pool in multiple completed wells.