DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	DNSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAI	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
LAND OFFICE I RANSPORTER GAS / OPERATOR A PRORATION OFFICE	DF BOTH LOMAR TO	TION PURCHASED ALL THE ASSEMENT OF THE ASSEM	SETS CRUBE CFF T
Continental (2 w -=	CLYDE C. LaMAR, PRES	IDENTAR 1965
Address:	12, Durango, Colorado		CHE SON. COM.
Reason(s) for filing (Check proper by the Well Recompletion Change in Connerthin	Ox) Change in Transporter of: Cii Dry Gas	Other (Please explain)	
If change of ownership give name and address of previous owner	·		
I. DESCRIPTION OF WELL AN Lease Name AXI Apache "K" Location	Well No. Pool Nan	ne, including Formation	Kind of Lease State, Federal or Fee Federal
Unit Letter;	807 Feet From The Borth Line	e and 1354 Feet Fr	om The Last
Line of Section ,	Township 26N Range	SW , NMPM, Ric	Arribe County
I. DESIGNATION OF TRANSPO		S Address (Give address to which ap 2802 E. 29th, Farmin	oproved copy of this form is to be sent)
Name of Authorized Transporter of Southern Union Gas	Company	ridelity Union Tower 1	proved copy of this form is to be sent) Bldg.,1597 Pacific, Dallas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If this production is commingled V. COMPLETION DATA Designate Type of Comple	etion - (X) Date Compl. Ready to Fred.	New Well Workover Deepen Total Depth	Flag Back Same Res'v. Diff. Res'v.
	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Ferforations			Depth Casing Shoe
	TUDING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Hun To Tanks	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load pth or be for full 24 hours) Froducing Method (Flow, pump, go	oil and must be equal to or exceed top allow us lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 MAR 8 1965 , 19 BY Original Signed Emery C. Arnold TITLE Supervisor Dist. # 3	
ORIGINAL SIGNED BY:		This form is to be filed in compliance with RULE 1104.	

H. D. HALEY

(Signature) District Manager

(Title)
March 5, 1965

(Date)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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.

Separate Forms C-104 must be filed for each pool in multiply