	NO. OF COPIES RECT			
	DISTRIBUTIO			
	SANTA FE		1	
	FILE		/	2
	U.\$.G.\$.			
1.	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS	1	
	OPERATOR		2	
	PRORATION OFFICE			

1.	DISTRIBUTION SANTA FE / FILE / C U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS / OPERATOR 2 PRORATION OFFICE	NEW MEXICO OIL CO REQUEST F AUTHORIZATION TO TRAI	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS					
	Operator Company of the Company of t	an Oan Can	. 22.41					
ŀ	Address Address							
	Fox dia	HOBBS NEW	MEXECO C	98240				
1	Reason(s) for filing (Check proper box)	710025,7428	Other (Please explain)					
	New Well	Change in Transporter of:	_					
	Recompletion	Oil Dry Gas	_					
l	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 Well No. Fool Name, Including Formation / Kind of Lease INOIAN Lease No.							
1	AXI APATHE K I-A BLANT MESA VERDE State, Federal or Fee							
	Unit Letter P; 990 Feet From The SOUTH Line and 1065' Feet From The EAST							
	The Approximation of the second secon							
	Line of Section 3 Township 26 // Range J.W., NMPM, RIO ARRISH County							
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)				
	0. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Name of Authorized Transporter of Cas	- /	Address (Give address to which approv					
	GAS COMPANY OF	NEW MEXICO	Is gas actually connected? Whe	AS TEXAS 75270				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	18 das detadity connected?	•				
	If this production is commingled with	n that from any other lease or pool, a	give commingling order number:					
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	, ,	X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	GR 7232	MESA VERDE	5540	Depth Casing Shoe				
	Depth Casing Snoe 6240							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 14"	5 3/5"	317'	600				
	7 7 7 7 7	23/2"	61549	600				
		4.11.						
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (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) Producing Method (Flow, pump, gas lift, etc.)							
				Choke Size				
	Length of Test	Tubing Pressure	Casing Pressure	Chort Size				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF				
GAS WELL								
	Actual Brog. Test-MCE/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	J /125.	Casing Pressure (Shut-in)	Chaha Stan				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In)	220	Choke Size				
		(APPROVED	APPROVED 19				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			OIL CONSERVATION COMMISSION SEP 7 1076 APPROVED					
	souve is true and complete to the	best of my knowledge and belief.	1					
	Commence of the second		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					
	(Sign	nue)						
(Signature)			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					

All sections of this form must be filled out completely for entering of this form must be filled out completely for entering on the sale 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 filled for each pool in multiply completed wells.