

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| U.S.O.B.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATION              | GAS |
| PROMOTION OFFICE       |     |
| Operator               |     |

Conoco Inc.

Address  
P. O. Box 460, Hobbs, New Mexico 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)

Dual w/Mesaverde

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |                |   |  |                       |                  |
|--|----------------|---|--|-----------------------|------------------|
| Lease Name<br>AXI Apache K   | Well No.<br>5A | Pool Name, including formation<br>South Blanco<br>Pictured Cliffs | Kind of Lease<br>State, Federal or Fee | Jicarilla<br>Contract | Lease No.<br>151 |
| Location<br>Unit Letter <u>P</u> : <u>1050</u> Feet From The <u>South</u> Line and <u>930</u> Feet From The <u>East</u><br>Line of Section <u>10</u> Township <u>26-N</u> Range <u>5-W</u> , NMPM, Rio Arriba County |                |   |  |                       |                  |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
| Gas Co. of New Mexico  | Box 1899, Bloomfield, New Mexico 87413                                   |      |
| If well produces oil or liquids,<br>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                 | New Well               | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res |
|   |  | X                        |                        |          |        |           |             | X         |
| Date Spudded<br>7/7/77  | Date Compl. Ready to Prod.<br>8/15/82          | Total Depth<br>5960'     | P.B.T.D.<br>5876'      |          |        |           |             |           |
| Elevations (DF, R&B, RT, GR, etc.)<br>6892'                               | Name of Producing Formation<br>Pictured Cliffs | Top Oil/Gas Pay<br>3530' | Tubing Depth<br>5875'  |          |        |           |             |           |
| Perforations<br>3530', 32', 34', 36', 42', 44', 46', 48', 50', 54', 3556' |  |                          | Depth Casing Shoe      |          |        |           |             |           |
| TUBING, CASING, AND CEMENTING RECORD                                      |  |                          |                        |          |        |           |             |           |
| HOLE SIZE<br>12-1/4"  | CASING & TUBING SIZE<br>8-5/8"                 | DEPTH SET<br>508'        | SACKS CEMENT<br>250 sx |          |        |           |             |           |
| 7-7/8"  | 5-1/2"   | 5945'                    | 735 sx                 |          |        |           |             |           |

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(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-MCF    |

GAS WELL

|   |                                 |                                     |                       |
|---|---------------------------------|-------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D<br>2099 OF/D 2233 ADF | Length of Test<br>24            | Bbls. Condensate/MMCF               | Gravity of Condensate |
| Testing Method (pilot, back pr.)<br>flowing   | Tubing Pressure (shut-in)<br>NA | Casing Pressure (shut-in)<br>NA 900 | Choke Size<br>NA      |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)

September 24, 1982  
(Date)

OIL CONSERVATION DIVISION  
10-26-82  
APPROVED OCT 26 1982

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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multiply completed wells.