

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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  
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 AXI Apache "N"	Well No. 16-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee INDIAN	Lease No. C-121
Location Unit Letter C : 1150 Feet From The NORTH Line and 1545 Feet From The WEST Line of Section 12 Township 25N Range 4W , NMPM, Rio ARRIBA Count:				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Continental Oil Empire Inc.	Address (Give address to which approved copy of this form is to be sent) Blainville, N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GAS COMPANY OF New Mexico	Address (Give address to which approved copy of this form is to be sent) DALLAS, TX (1st International Bldg) Suite 1800					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? No	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 5/17/80	Date Compl. Ready to Prod. 7/12/80	Total Depth 6190	P.B.T.D. 6172					
Elevations (DF, RKB, RT, GR, etc.) GL 7207'	Name of Producing Formation MESAUVERDE	Top Oil/Gas Pay 5375'	Tubing Depth 5808					
Perforations 5383' - 5537'	5905' - 5963'	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8"	287			210			
8 3/4"	7"	4343			425			
6 1/4"	4 1/2" LINER	4208 - 6190			480			
	2 3/8	5808						

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 2552	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (shut-in) 170 psi	Casing Pressure (shut-in) 650 psi	Choke Size 3/4"

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. Hui  
(Signature)  
Administrative Supervisor  
(Title)  
AUG 21 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 4 1980, 19  
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 deepened well, this form must be accompanied by a tabulation of the deviated 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.  
Separate Forms C-104 must be filed for each pool in multiple.