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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 C-1
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: Oil ☐ Dry Gas ☒
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain):

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>AXI Apache N</u>	<u>16</u>	<u>Blanco Mesaverde</u>	<u>INDIAN</u> State, Federal or Fee	<u>C-161</u>
Location				
Unit Letter <u>L</u> : <u>1500</u> Feet From The <u>SOUTH</u> Line and <u>850</u> Feet From The <u>WEST</u>				
Line of Section <u>12</u> Township <u>25-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>CONOCO INC. SURFACE TRANSPORTATION</u>	<u>Farmington, NM</u>					
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)					
<u>GAS COMPANY OF New Mexico</u>	<u>1st International Bldg - Suite 1800</u> <u>Dallas, TX</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>L</u>	<u>12</u>	<u>25N</u>	<u>4W</u>	<u>No</u>	

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 Restv.	Diff. Restv.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7/1/80</u>	<u>9/16/80</u>	<u>6070'</u>	<u>5976'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>7145 GL</u>	<u>Mesaverde</u>	<u>5331'</u>	<u>5769'</u>					
Perforations	Depth Casing Shoe							
<u>5331' - 5547' (10 holes)</u>	<u>5613' - 5917' (24 holes)</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>9 5/8"</u>	<u>279'</u>	<u>250 SX</u>					
<u>8 3/4</u>	<u>7"</u>	<u>4088'</u>	<u>383 SX</u>					
<u>6 1/4</u>	<u>4 1/2"</u>	<u>5990'</u>	<u>495 SX</u>					
	<u>2 3/8"</u>	<u>5769'</u>						

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>1817</u>	<u>24 hrs</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (<u>shut-in</u>)	Casing Pressure (<u>shut-in</u>)	Choke Size
<u>Flowing</u>	<u>114 psi</u>	<u>580 psi</u>	<u>3/4"</u>

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.

H. K. Wolf
(Signature)
Administrative Supervisor
(Title)
OCT 8 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 17 1980, 19
Original Signed by FRANK T. JAMES
BY
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 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.
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 completed wells.

UMOCN(5) FILE BEA