

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CONOCO INC	Well API No.
Address 3817 N.W. EXPRESSWAY, OKLAHOMA CITY, OKLAHOMA 73112	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transport of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name AXI APACHE M	Well No. 8A	Pool Name, including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee	Lease No. 124
Location Unit Letter P : 1050 Feet From The N Line and 1050 Feet From The E Line Section 14 Township 25N Range 4W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GIANT REFINING CO.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 338, BLOOMFIELD, NM 87413				
Name of Authorized Transporter of Casinghead Gas GAS COMPANY OF NEW MEXICO	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O.BOX 1899, BLOOMFIELD, NM 87413				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 14	Twp. 25	Rge. 4	Is gas actually connected?	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'v
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		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			RECEIVED JUL 12 1991 OIL CON. DIV. DIST. 3		

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 at least 2 hours.)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
W.W. BAKER
Printed Name
W.W. BAKER
Date
7-1-91
Title
ADMINISTRATIVE SUPERVISOR
(405) 948-3120
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 12 1991
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT # 3