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TRANSPORTER	OIL GAS 1
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oils C-104 and C-110
Effective 1-1-65

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reasons for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Gas ☐	
Casinghead Gas ☐	
Dry Gas ☐	
Condensate ☐	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Well Name AXI Apache C	Well No. 3	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal, or Fee INDIAN	Lease No. C 39
Location				
Unit Letter M	990	Feet From The S	Line and 990	Feet From The W
Line of Section 34	Township 24-N	Range 5-W	NMNM, Rio Arriba	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	First International Bldg. 1201 Elm St., Dallas, Texas 75270
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resin. Diff. Resin.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.S.T.D.				
Elevations (DE, 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	SACKS CEMENT

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	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. 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.


(Signature)

Division Manager

6-11-79
(Date)

NMOCD (5) Aztec

FILE

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE DEPUTY OIL & GAS INSPECTOR

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 multiply completed wells.