				/
_	NO. OF COPIES RECEIVED			
-	DISTRIBUTION			
ŀ	SANTA FE	ī — — — — — — — — — — — — — — — — — — —	CNSERVATION COMMISSION	Form C-104
Ì	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
}	u.s.g.s.	ALITHODIZATION TO TRA	AND INSPORT OIL AND NATURAL (- A C
ŀ	LAND OFFICE	AUTHORIZATION TO TRA	MISPORT OIL AND NATURAL C)A3
	CANAGE OIL	İ	•	
	TRANSPORTER GAS	•		
	OPERATOR 12]		
1. [PRORATION OFFICE			
	Conoco Inc.			
	P.O. Box 460, Hobbs, New Mexico 88240			
	Reasonts) for tiling (Check proper box,		Other (Please explain)	
İ	New Well	Change in Transporter of:	Change of corpor	ate name from
İ	Recompletion	Cil Dry Ga	-	Company effective
ļ	Change in Ownership	Castinghead Gas Conder	£ 1 1	(", J
	If change of ownership give name and address of previous owner			
П.	DESCRIPTION OF WELL AND		l Kier et Lang	
ĺ	Lerse Name	Well No. Pool Name, Including F	1 .	
	AXI Apache J	11 Blanco Picturec	Cliffs, 20. Islate, Federa	icr Fee TNOIAN C-147
	Lecation A Go	îo 1/	ne and 1190 Feet From	E
	Cant Cetter			
ļ	Line of Section (7) Tox	washin 25-N Range	5-W, NMPM, Riof	briba County
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent;
		ntal Oil Co		
	Name of Authorized Transporter of Car	of New Mexico	Address (Give address to which appro	Dollas Teras 25270
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en ,
	this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back 'Same Resty, Diff. Resty.
	Designate Type of Completic			
	Date Spunded	Date Compl. Ready to Prod.	Total Deptn	P.B.T.D.
	Date apadded			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	- Périorations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
		· · · · · · · · · · · · · · · · · · ·		SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				1
		<u></u>		1
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow			
	Oll WFII able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prog. During Test	Oil-Bbls.	Water - Bbls.	Gan-MC/ KLULIVED
	_		1	1111 2 0 4020
	JUN 19 1979			
	GAS WELL OIL CON. CO			OIL CON. COM.
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o Condendist. 3
	·			
	Testing Markad (putot, back pr.)	Tubing Pressure / Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Division Manager (Title)

NMOCD (5) Aztec

(Date)

FILE

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION JUN 1 9 1979

Casing Pressure (Shut-in)

APPROVED

Original Signed by FRANK T. CHAVEZ

DEPUTY OIL & CAS INSPECTOR, DIST. #3

TITLE _

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.