

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
PRORATION 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-110
Effective 1-1-65

Operator <i>First International Prod. Co.</i>	
Address <i>Box 111, Hobbs, New Mexico 88240</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: <i>TRANSPORTER'S POOR</i>
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐ <i>CHANGE</i>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <i>AX1 APACHE "J"</i>	Well No. <i>12</i>	Pool Name, including Formation <i>OTERO-CHALK (GAS)</i>
Kind of Lease <i>INDIAN</i>		Lease No.
State, Federal or Fee		
Location		
Unit Letter <i>K</i>	<i>1787</i>	Feet From The <i>SOUTH</i> Line and <i>1000</i> Feet From The <i>WEST</i>
Line of Section <i>5</i>	Township <i>25-N</i>	Range <i>5-W</i> , N.M.P.M. <i>RIO ARIZONA</i> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☐			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)		
<i>GAS TRANSPORT CO. NEW MEXICO</i>		<i>FIRST INTERNATIONAL PROD. CO. HOBBS, TEXAS 75901</i>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? <i>YES</i> When <i>1-23-67</i>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Designate Type of Completion - (X)									
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									
POLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.	Gcs-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Robert L. Kendrick
(Signature)
John L. Kendrick
(Title)
September 7, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Original Signed by A. R. Kendrick*
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.