

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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SANTA FE		1
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
PRORATION OFFICE		

Operator <u>CONTINENTAL OIL COMPANY</u>		
Address <u>Box 400 HOBBS, NEW MEXICO 88240</u>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<u>TRANSPORTER'S NAME CHANGE</u>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name <u>AXI APACHE "O"</u>	Well No. <u>6</u>	Pool Name, including Formation <u>BLANCO P.C., SO.</u>	Kind of Lease State, Federal or Fee <u>INDIAN</u>	Lease No.
Location				
Unit Letter <u>D</u>	<u>790</u> Feet From The <u>NORTH</u> Line and <u>1040</u> Feet From The <u>WEST</u>			
Line of Section <u>4</u>	Township <u>25-N</u>	Range <u>4-W</u>	NMPM, <u>RIO ARIZO</u>	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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>FIRST INTERNATIONAL BLDG.</u> <u>1201 ELM ST., DALLAS, TEXAS 75270</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>25-N</u>	<u>4-W</u>
	Twp.	Rge.
	Is gas actually connected?	When
	<u>YES</u>	<u>1-15-75</u>

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

## 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	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.	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

## 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]  
(Signature)  
[Signature]  
(Title)  
September 7, 1976  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED SEP 10 1976, 19\_\_\_\_BY Original Signed by A. R. Kendrick  
SUPERVISOR DIST. #8

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 allow-  
able 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