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FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	
Address P. O. Box 460 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter oil: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐ Dual Complete
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name AXI Apache K	Well No. 2A	Pool Name, including Formation S. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. C-151
Location Unit Letter <u>P</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>880</u> Feet From The <u>East</u>				
Line of Section <u>4</u> T. <u>26-N</u> Range <u>5-W</u> , NMPM, <u>Rio Arriba</u> County				

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	P. O. Box 1899, Bloomfield, New Mexico 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u> When	

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

COMPLETION DATA

Designate Type of Completion - ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☒									
Date Spudded 7/19/76	Date Compl. Ready to Prod. 5/4/83	Total Depth 5900	P.B.T.D. 5827						
Elevations (DF, RKB, RT, GR, etc.) 6894 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3550	Tubing Depth 3550						
Perforations 3550' - 3597'			Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No Change in Casing Record			
	1-1/4"	3550'	

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 all able 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 1299 AOF	Length of Test 3	Bbls. Condensate/MCF
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 665#	Casing Pressure (Shut-in) 671#

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]
(Signature)
Administrative Supervisor
(Title)

APPROVED
Original Signed by FRANK T. CHAVEZBY
SUPERVISOR DISTRICT # 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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
able on new and recompleted wells.
may only Sections I, II, III, and IV for changes of ow