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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

I. Operator **Conoco Inc.**  
 Address **P.O. Box 460, Hobbs, New Mexico 88240**

Reason(s) for titling (Check proper box)  New Well  Recombination  Change in Ownership  Change in Transporter of: Oil  Gas  Other (Please explain) **Change of corporate name from Continental Oil Company effective July 1, 1979.**

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name **AXI Apache K** Well No. **4** Pool Name, Including Formation **Blanco Mesa Verde (Gas)** Kind of Lease **Indian** Lease No. **C-151**

Location Unit Letter **M** **990** Feet From The **S** Line and **1027** Feet From The **W** Line of Section **3** Township **26-N** Range **5-W**, NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  **Continental Oil Co.** Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_

Name of Authorized Transporter of Gas  or Dry Gas  **Gas Co. of New Mexico** Address (Give address to which approved copy of this form is to be sent) **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: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.	
Date Spaced	Date Comp., 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

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 **JUN 19 1979**, 19\_\_\_\_  
 BY **Original Signed by A. R. Kendrick**  
 TITLE **SUPERVISOR DISTRICT # 3**

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.