

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY  
JUL 21 1986  
O. C. D.  
AND NATURAL GAS

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
OIL	<input type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

Operator: Apache Corporation

Address: 7666 E. 61st - 500 Triad Center, Tulsa, OK 74133

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 7-1-86
Recompletion <input type="checkbox"/>	Well WOPL/No contract as of 7-1-86
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Harper Oil Company 904 Hightower Bldg., Oklahoma City, OK 73102

DESCRIPTION OF WELL AND LEASE			
Lease Name: South Dallas	Well No.: 1	Pool Name, including Formation: Wildcat	Lease No.: LG 5230
Location:		Kind of Lease: State, Federal or Fee State	
Unit Letter: F	: 1980 Feet From The North Line and	1980 Feet From The West	
Line of Section: 2	Township: 10S	Range: 26E	County: Chaves

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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw. Rge.
			Is gas actually connected? When
			No

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, CR, 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
			POST ID-3 8-1-86 Cug OP

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
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/MCF	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Tracy L. Bell*  
(Signature)  
Supervisor Production Records  
(Title)  
7/1/86

**OIL CONSERVATION DIVISION**

APPROVED JUL 30 1986, 19

BY Les A. Clemens  
Original Signed By  
Supervisor District II

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.