

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O.Box 1980,Hobbs,NM 88240

DISTRICT II  
P.O.Drawer DD,Artesia,NM 88210

DISTRICT III  
1000 RIO Brazos Rd,Aztec,NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|  |              |
|--|--------------|
| Operator<br><b>APACHE CORPORATION</b>  | Well API No. |
| Address<br><b>1700 LINCOLN, SUITE 2000, DENVER, CO 80203</b>   |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 01-01-94<br>Change in Operator <input type="checkbox"/> Casinghead <input type="checkbox"/> Condensate <input type="checkbox"/> |              |

**RECEIVED**  
JAN 10 1994  
OIL CON. DIV.  
DIST. 3

If change of operator give name  
and address of previous operator

#### II. DESCRIPTION OF WELL AND LEASE

|  |                        |   |  |                         |
|--|------------------------|---|--|-------------------------|
| Lease Name<br><b>APACHE</b>  | Well No.<br><b>101</b> | Pool Name, Including Formation<br><b>LINDRITH-GALLUP DAK.</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>126</b> |
| Location<br>Unit Letter <b>A</b> : <b>550</b> Feet From The <b>N</b> Line and <b>774</b> Feet From The <b>E</b> Line<br>Section <b>2</b> Township <b>24N</b> Range <b>4W</b> , NMPM, Rio Arriba County |                        |   |  |                         |

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Giant Refining</b>              | Address (Give address to which approved copy of this form to be sent)<br><b>P. O. Box 256, Farmington, NM 87499</b>  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>El Paso Natural Gas</b> | Address (Give address to which approved copy of this form to be sent)<br><b>P. O. Box 4990, Farmington, NM 87401</b> |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   Sec.   Twp.   Rge.<br>Is gas actually connected?   When ?   |

If this production is commingling 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'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      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

#### 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 full 24 hours.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run to Tank | 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. OPERATOR 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  
**JoAnn Smith**  
Printed Name  
**12-15-93**  
Date  
**Engineering Tech**  
Title  
**(303) 837-5000**

#### OIL CONSERVATION DIVISION

Date Approved **JAN 10 1994**  
By **[Signature]**  
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rul 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rul 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.