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

## State of New Mexico Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION** 

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

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

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQ				SLE AND AND NA							
APACHE CORPORATION								Well API No.				
Address 1700 Lincoln, St	e 2000	, Denve	er, C	0 80203	3			<u> </u>			<del></del>	
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghe	Change in	Transpo	orter of:		her (Plea	•	·				
If change of operator give name and address of previous operator		<del></del>	<del>,</del>		***							
II. DESCRIPTION OF WELL	AND LE		T2									
Lease Name Apache		103			<b>ng Formation</b> Gallup Dak.				of Lease Federal or Fe	.   Y	Lease No. 127	
Location D Unit Letter	200	00	_ Feet Fr	om The	N Li	ne and _	895	Fe	et From The	W	Line	
Section 3 Townshi	24N		Range	4W		імрм,	Rio	Arriba			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	ER OF O		D NATU			iss to wi	ich approved	copy of this f	form is to be se	m)	
Gary Williams Oi	Gary Williams Oil to.				P.O. Box 159, Bloomfie							
Name of Authorized Transporter of Casin El Paso Natural Ga	ghead Gas S	ead Gas Tor Dry Gas Tor			Address (Give address to which approved P. U. Box 4990, Farmin				gton, NM 87401			
If well produces oil or liquids, give location of tanks.				Rge.	Is gas actually connected?			When	When ?			
If this production is commingled with that	from any of	her lease or	pool, giv	e comming!	ing order nun	nber:						
Designate Type of Completion	- (X)	Oil Well	ı (	Gas Well	New Well	Worl	Cover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	odded Date Compi. Ready to			,	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	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET				SACKS CEMENT		
TIOCE OILE												
				<del></del>				· - · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUES OIL WELL (Test must be after r				oil and must	he equal to a	F SYCOM	l top alla	mable for thi	denth or he	for full 24 hou	75.)	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure				Choice Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				COLUMN TO A STATE OF	CT 92 1	392	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nmie/M	MCF ,		Gravity of G	CON.	DIV.	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shus-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  R. Chris Kersey  Sr. Engineer					OIL CONSERVATION DIVISION DIVISION DIVISION DIVISION DIVISION DISTRICT							
Printed Name 9/29/92 Date	(303	) 837-	Title		Title	)						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 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.