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

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

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator APACHE CORPORATION Address 1700 Lincoln, Ste 2000, Denver, CO 80203 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Effective 10/1/92 🔀 Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Well No. Lease Name State, Federal or Fee 105 Lindrith-Gallup Dak. Apache Location 990 Ε 880 Feet From The Unit Letter 24 **4W** Rio Arriba 24N NMPM, County Range Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159, Bloomfield, NM 87413 Name of Authorized Transporter of Oil Gary Williams Oil Co Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas or Dry Gas [ P.O. Box 4990, Farmington, NM 8/401 Rge. Is gas actually connected? When? Unit Sec Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Deepen Oil Well Gas Well New Well | Workover Plug Back Same Res'v Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compi. Ready to Prod. Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **CASING & TUBING SIZE** DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Water - Bbls. 9,2 1382 Actual Prod. During Test Oil - Bbls. L.V. **GAS WELL** Bbis, Condensate/MMC Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

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

Sr.

(303) 837-5000

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.

Chris Kersey

Printed Name

Date

9/29/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Date Approved \_\_\_\_

OCT 0 1 1992

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Engineer

Telephone No

- 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.