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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[TO 1	RANS	PORT OIL	AND NA	TURAL C					
APACHE CORPORAT		Well API No.								
Address 1700 Lincoln, S	Ste 2000, De	nver,	CO 80203	3		<u>.</u> <u>.</u>				
Reason(s) for Filing (Check proper box,				Oth	et (Please exp	plain)				
New Well Recompletion	Ch <u>an</u> Oil	ge in Trans Dry (Effect	ive 10/	1/92				
Change in Operator	Casinghead Gas		lensate		·	·				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	L AND LEASE									
Lease Name Apache		~~~~			nd of Lease Lease No. Me, Federal or Fee 126					
Location Unit Letter				S 1780			Feet From The Line			
Section 2 Towns	1 24N	Rang	_ 4W	NT.	MPM. Ri	o Arriba				
		-			MIPMI,			····	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OIL A	ND NATU		e address to	which approved	come of this form	- is to be see		
Gary Williams (Dil Co.		- 6				copy of this form			
Name of Authorized Transporter of Casinghead Gas Ton Dry El Paso Natural Gas			ry Gas	7P.0. B	ox 4990	, Farming	ng ton, NM. 87401			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuail	y connected?	When	?			
If this production is commingled with th IV. COMPLETION DATA	at from any other leas	e or pool, p	give comming	ling order num	ber:					
Designate Type of Completio		Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded Date Compi. Read				Total Depth	<u>.</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth			
Perforations							Depth Casing Shoe			
	TUBI	NG, CAS	SING AND	CEMENTI	NG RECO	RD	<u> </u>			
HOLE SIZE	-	& TUBING			DEPTH SET			SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·							-	
V. TEST DATA AND REQUI	FST FOR ALL (WARL	F.							
	r recovery of total vol			be equal to or	· exceed top a	illowable for thi	s depth or be for	full 24 hour.	s .)	
Date First New Oil Run To Tank	Dil 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 - Bbis.			Gas- MCF 2 1932			
							<u> Oil</u>	CON	- DIV	
GAS WELL Actual Prod. Test - MCF/D	I seek of Tox			DSIs Conde	AD/CE	.	Consider of Con-	DIST.	3	
Actual Prod. 1est - MCP/D	Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF CO	MPLIA	NCE			NOCOL	ATION			
I hereby certify that the rules and reg						NSERV	ATION D	101510	·IN	
Division have been complied with a is true and complete to the best of m) ¥ €	Date	Approv	od 00	Τ μ 1 129:	2		
A Phi I				Date	Applov	eu	<u> </u>			
Signature				By_		3				
R. Chris Kersey	· · · · · · · · · · · · · · · · · · ·	nginee Title		- 11 -		SUPERVI	SOR DISTR	a UCT Æa	l	
9/29/92	(303) 83	7-5000)	Title						
Date		Telephone	NO.	11						

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.