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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

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

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator APACHE CORPORATI	CORPORATION							Well API No.			
1700 Lincoln, St	e 2000,	Denve	er,	CO 8020	3	, , <u>, , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate					Other (Please explain) Effective 10/1/92						
change of operator give name											
L DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Apache	Well No. Pool Name, Includi					ak.		Kind of Lease State, Federal or Fee		Lease No. 129	
C Unit Letter	660 Feet From The			N Line and 1830			Feet From The Line				
24	24N 4W			Dia Anniha							
Section [Owner]	<u>, </u>		Rang			MPM, KIO	ATTIBU			County	
I. DESIGNATION OF TRAN lame of Authorized Transporter of Oil	SPORTE	or Conde		ND NATU		ox 159,	hich approyee	d copy of this f	orm is to be se	ent)	
Gary Williams Oi			0		ļ						
Name of Authorized Transporter of Casing El Paso Natural Ga	head Gas X		or D	ry Gas	P.O. Box 4990, Fa			portined copy of this form is 10 be sent) Ymington, NM 87401			
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	. Rge.	Is gas actually connected?			en ?			
this production is commingled with that i	rom any other	er lease or	pool,	give comming	ing order num	ber:			-		
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Designate Type of Completion	Date Comp	i. Ready to	o Prod		Total Depth	<u> </u>	<u> L</u>	P.B.T.D.	1		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe			
					<u> </u>						
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
				_							
. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E					 		
IL WELL (Test must be after re	covery of to	ial volume				exceed top all			for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	eunou (<i>Flow, p</i> i	ынф, gas iyi, i	uc.) ((i)	MARKELL		
ength of Test	Tubing Pressure				Casing Pressure			Choke Sitter			
actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	9010	2 !992	
GAS WELL	!	·	. <u></u> -						OIL CO	N. Di	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensals			
esting Method (pitot, 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 R. Chris Kersey Printed Name O (20,02) (303) 837-5000					OIL CONSERVATION DIVISION OCT Q 11992 Date Approved By SUPERVISOR DISTRICT #3 Title						
9/29/92 Date	(303)		5000 phone								

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.