## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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

APACHE CORPORATION  Address   Transporter of   Cheere   Continuo   Continuo   Cheere   Continuo   Conti	PROBATION OFFICE	AUTHO	RIZATION TO TRAI	AND ASPORT OI	L AND NATE	JRAL GAS	
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L. DESCRIPTION OF WELL AND LEASE L. DESCRIPTION OF THE SOUTH LINE C.15 2070  Township 24N  Renge 4W  NMPM. RIO ATTIBA  County  L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Tymaporter of Oil XX  Or Condenser  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Bloomfield, NM 87413  Names of Authorized Transporter of County and to the sent)  P. O. Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Bloomfield, NM 87413  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 Casumpheed Gee XX  P. O. Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159, Bloomfield, NM 87413  NAME of Conversation of the form is to be sent)  P. O. Box 159, Bloomfield, NM 87413  NAME of Conversation of the sent of t	Change in Ownership	c=	ngheed Ges 🔲	=			
Lease Name  APACHE  113 Lindrith Gallup Dakota  State, Federal or Fee Federal  Lease No.  APACHE  113 Lindrith Gallup Dakota  State, Federal or Fee Federal  Lease No.  126  Lease No.  Lea	change of ownership give name	· <del>-</del>			***************************************		
Note   Pool   Name   Pool   Name   Icitating Formation   State   Fool   Fool   Township   113   Lindrith Gallup Dakota   State   Fool	•	EACD					<del></del>
APACHE  Unit Letter  Unit Lette	Lesso Name		Popi Name, including	Formation	<del></del>	Kind of Lenna	<del></del>
Unit Letter J 2010 Feet From The South Line did 2070 Feet From The East  Line of Section Township 24N Renge 4W NMPM, Rio Arriba County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil XX or Condensate Address (Give address to which approved copy of this form is to be sent)  Gary Energy Corporation P.O. Box 159, Bloomfield, NM 87413  Name of Authorized Transporter of Cosingheed Cap (XX or Corp Gas P.O. Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1492, El Paso, TX 79978  If the production is commingled with that from any other lease or pool, give commungling order numbers  OTE: Complete Parts IV and V on reverse side if necessary.  I. CERTIFICATE OF COMPLIANCE  CIL CONSERVATION DIVISION  APPROVED  TITLE SUPERVISION DISTRICT # 3  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a sewly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied or an early drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied by a tabulation of the deviation tests taken on the well is accompanied wells.	APACHE	1 :	$\mathcal{W}_{\bullet}$		Dakota	ł	
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Designate Type of Comple			• • • • • • • • • • • • • • • • • • • •	
Date Special	Date Compl. Ready to Prod.	Total Dopth	P.S.T.D.	
Eleveniene (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top OIL/Ges Pey	Tubing Depth	
Perference	<del></del>		Depth Caning Shoe	
	TUBING, CASING,	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
	<u> </u>			
OIL WELL	T FOR ALLOWABLE (Test must able for the	be after recovery of total volume of to depth or be for full 26 hours) Producing Mothes (Flow, pum	land all and must be equal to ar exceed top o	ilow
OIL WELL Dote First New Oil Run To Tanks	able for th	le depth or be for full 24 hours)		ilow
OIL WELL Date First New Oil Run To Tanks Longth of Tool	Date of Tool	le depth or be for full 24 hours) Producing Mothes (Flow, pum	p, gas lift, ste.j	silow
OIL WELL Date First New Oil Run To Tanks Longth of Toot Actual Prof. During Toot	Date of Tees Tubing Pressure	Producing Method (Flow, pum  Caning Pressure	p, gas lift, ess.) Cheke Size	llow
V. TEST DATA AND REQUES OIL WELL Done First New Oil Run To Tonks Longth of Toot Actual Prod. During Toot GAS WELL Actual Prod. Toot-MCF/D	Date of Tees Tubing Pressure	Producing Method (Flow, pum Caning Pressure  Water-Shie,	p, gas lift, ess.) Cheke Size	J. Low-

IV. COMPLETION DATA