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DISTRICT I 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

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 Operator Well API No. APACHE CORPORATION Address 1700 Lincoln, Ste 2000, Denver, CO 80203 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 10/1/92 Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Apache Lindrith-Gallup Dak. State, Federal or Fee Location 660 610 Feet From The Line and Unit Letter Feet From The 12 24N 4W Rio Arriba Section Township Range , NMPM, County 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 E | Paso Natural Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 4990, Farmington, NM 87401 If well produces oil or liquids, give location of tanks. Twp. Unit is gas actually connected? When? Rge. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compi. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Length of Test Tubing Pressure <del>331 0 2 1992</del> Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls <del>CON. DIV</del> **GAS WELL** Actual Prod. Test - MCF/D Gravity of Con Bbis. Condensate/MMCF Length of Test Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved OCT 0 1 1992 Min By\_ Engineer Chris Kersey SUPERVISOR DISTRICT #3 (303) 837-5000 Printed Name Title\_

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

9/29/92

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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.