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

OIL CONSERVATION DIVISION

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	T	O TRA	NSP	ORT OI	L AND NA	TURAL	GAS	}				
APACHE CORPORATION								Well	API No.			
Address 1700 Lincoln,	Ste 2000,	Denve	er, (0 8020	3			<u> </u>				
Reason(s) for Filing (Check proper box)				Ot	her (Please	explain)					
New Well		Change in			Effoot	tiva 10	/1 /0	2				
Recompletion — Change in Operator	Oil Casinghead		Dry G	_	Lileci	tive 10	1/1/9	2				
If change of operator give name	Canigness	U	Conde									
and address of previous operator	<u></u>											
II. DESCRIPTION OF WEL												
Lease Name Apache	Well No. Pool Name, Inclu			ndrith-	ding Formation Gallup Dak.				of Lease Federal or Fe	× I	126 No.	
Location A Unit LetterA	660	660 Feet From The			N Line and 610			F	et From The	1	ELine	
Section 12 Town	hip 24N		Range	4W	,N	impm, R	io A	rriba			County	
III. DESIGNATION OF TRA	NCDADTED	OFO	IT AN	III NIATTI	DAT CAC							
Name of Authorized Transporter of Oil Gary Williams ((V)	or Conden					o which	approyed	eld, NM	form is to be s 87413	ent)	
Name of Authorized Transporter of Car El Paso Natural		or Dry Gas			Address (Give address to which approximately 10. Box 4990, Farmi				ed copy of this form is to be sent) ng ton, NM 8/401			
If well produces oil or liquids, give location of tanks.	Unit S	Sec.	Twp.		 	s actually connected?		When				
If this production is commingled with th	at from any other	r lease or	pool, gi	ve comming	ing order num	nber:						
IV. COMPLETION DATA												
Designate Type of Completion	n - (X)	Oil Well 	1	Gas Well	New Well	Workove	r i	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi.	Date Compi. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations					<u> </u>				Depth Casing Shoe			
	π	JBING.	CASI	NG AND	CEMENT	NG REC	ORD		<u> </u>		·	
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
					 							
						 -						
V. TEST DATA AND REQUI									<u></u>			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	d volume o	of load	oil and must						for full 24 hou	rs.)	
Date I like New Oil Rute 10 Talk	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						计算额 對	
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF	core	2 1992 - 	
									,	NI 60	A Post of	
GAS WELL					*				.		N. DIV.	
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Conder	nsate/MMC	F		Gravity of C	Condensate 18	1. 3	
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
					 				1			
VL OPERATOR CERTIFI				NCE	(SNC	FRV	MOITA	DIVISIO	N	
I hereby certify that the rules and reg Division have been complied with an	d that the inform	ation give		•				/			•	
is true and complete to the best of m					Date	Appro	ved	<u> 0</u> CT	0.1199	12		
K. Chin	4									٠		
Signature R. Chris Kersey	Sr.	Engi	neer		By_		3.	ب	- Cha	√		
Printed Name	(303)	837-5	Title		Title		SUP	ERVIS	OR DIST	RICT #3		
9/29/92 Date	(505)		obone N	1 0.								

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.