Form C-104 Revised 10-1-78

NSERVATION DIVISION P. O. BOX 2088 FE, NEW MEXICO 8750

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DISTRIBUTI	OH		
SANTA FE		T	SANTA
PILE			SART
U.S.G.S.		1	
LAND OFFICE		1_	25
TRANSPORTER	OIL		RE
	GAS		

1.	TRANSPORTER OIL TRANSPORTER GAS OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROPATION OFFICE							
	APACHE CORPORATION Address 1700 LINCOLN, #4900, DENVER, COLORADO 80203-4549							
	Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership X	Change in Transporter of: Oil Dry	Other (Please explain) Gas					
11.	If change of ownership give name and address of previous owner	LEASE		ek Drive No., #750, Denver Colorado 80209				
	APACHE Location		ALLUP-DAKOTA W. State, Fe	derat or Fee FEDERAL				
		Feet From The South Lownship 24N Range	A	O ARRIBA County				
ın.		RTER OF OIL AND NATURAL G						
	Name of Authorized Transporter of O GIANT REFINING Name of Authorized Transporter of Co EL PASO NATURAI	COMPANY ssinghedd Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256 - FARMINGTON, NM 87499 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492 - EL PASO, TX 79978					
	If well produces oil or liquids, give location of tanks.	Unit Sec. wp. Rge.	Is gas actually connected? YES	When				
	If this production is commingled w	ith that from any other lease or pool						
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res				
	Date Spudded	Date Compl. 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			Depth Casing Shoe				
		TUBING, CASING, AN	D CEMENTING RECORD					
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
E								
				oil and must be equal to or exceed top alic				
ĺ	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump; ga.	oducing Method (Flow, pump; gas lift, etc.)				
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
ŀ	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gae • MCF				
<u>L</u>		1	0.37. 2	IV.				
_	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shmt-in)	Cosing Pressure (Shut-in)	Choke Size				
	PERTIFICATE OF COMPLIANCE	CE egulations of the Oil Conservation	OIL CONSERVATION DIVISION APPROVED OCT 20 1986					
D	ivision have been complied with		BY Supervisor district 3					
-	Spaniel MI (Signal Operation (Till 10/13/8)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multiple					
		i	completed wells.					