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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 at Bottom of Page

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

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

I.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APACHE CORPORATION								Well API No.			
Address 1700 Lincoln, St	e 2000,	, Denve	er, 0	0 8020	3		· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box)					Oth	et (Please expla	 zin)		·		
w Well Change in Transporter of:											
Recompletion	Oil		Dry Ga	ıs <u> </u>	Lttect	ive $10/1$,	/ 92				
Change in Operator	Casinghea	d Gas 🗌	Conde	nate		<u></u>					
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Apache		Well No. 134			ling Formatica Gallup D	ak.		Kind of Lease Lease No. State, Federal or Fee 12/			
Location					<u> </u>	<u></u>		· .			
Unit LetterK	190	00	Feet Fr	rom The	S Lin	166	50 Fe	et From The	<u> </u>	Line	
Section 10 Townshi	24N		Range	4W	. N	MPM. Rio	Arriba			County	
Occident 100 and 100 a									_		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Gary Williams Oi		or Conde			Address (Gi	ox 159,	hich approved Bloomfic	copy of this form	87413	nt)	
	e of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 8/401					
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		is gas actually connected?			When ?			
give location of tanks. If this production is commingled with that	<u> </u>			Va commin	ling order sur						
IV. COMPLETION DATA	Irom any ou	er leane or	poot, gr	ve consimi	gring order man						
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	o Prod.		Total Depth	· · · · ·	-A	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations							<u></u>	Depth Casing Shoe			
					CEMENT	NG RECOR			040 0514		
HOLE SIZE	CA	SING & T	UBING	<u>SIZE</u>		DEPTH SET		SA	CKS CEM	ENI	
							<u> </u>				
						~					
	 										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		_i			<u> </u>	·-·		
OIL WELL (Test must be after t	recovery of t	otal volume	of load	oil and mu	si be equal to o	r exceed top all	owable for the	is depth orther for	full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Te			· · ·		lethod (Flow, po				•	
								Choke Size			
Length of Test	Tubing Pr	Tubing Pressure			Casing Press	Casing Pressure			We have the		
Actual Prod. During Test	Oil - Bbls	Oil - Bbis.				Water - Bbis.			Gas- MCF		
GAS WELL	<u> </u>					······································		<u> </u>	ا ما	Jo C	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu				NCE		OIL CON	NSERV	ATION D	IVISIO	N	
Division have been complied with and	that the info	ormation gi	ven abov	/e			Λ	PT 0 1 +0+	00		
is true and complete to the best of my	knowledge a	and belief.			Dat	e Approve	ed	CT 0.1 19!	5 <u>Z</u>		
K. Clin K.	<u> </u>					• •	7		/		
Signature R. Chris Kersey Sr. Engineer					By_	SUPERVISOR DISTRICT #3					
Printed Name 9/29/92	(303	3) 837-	Tide 5000		Title)			nici g	<u> </u>	
Date		Tei	lephone:	No.						<u></u>	

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.