STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LANG OFFICE | | | |
| TRAMSPORTER | OIL | | |
| | 444 | | |
| OPERATOR | | | |
| POCE ATION OFFICE | | | |

OIL CONSERVATION DIVISION P. O. 80X 2088 SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. AUTHORIZATION TO | O TRANSPORT OIL AND NATURAL GAS | | | |
|--|---|--|--|--|
| APACHE CORPORATION | | | | |
| Address 1700 Lincoln Street, Suite 1900 Ressen(s) for filing (Check proper bas) Now Well Ressembletion Change in Transporter (XKOII) Change in Ownership Casinghead Gas | Other (Please explain) | | | |
| If change of ownership give name and address of previous owner | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | |
| | ith Gallup Dakota State, Federal or Federal 126 | | | |
| Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East | | | | |
| Line of Section 12 Township 24N F | Range 4W , NMPM, Rio Arriba County | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| Gary Energy Corporation | P.O. Box 159, Bloomfield, NM 87413 | | | |
| Name of Authorized Transporter of Casingheed Gas (CX) or Dry Ga El Paso Natural Gas Corporation | Address (Give address to which approved copy of this form is to be sent) | | | |
| If well produces oil or liquids, Unit Sec. Twp. | P.O. Box 1492, El Paso, TX 77998 | | | |
| | 4W Yes | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. | | | | |
| n. | | | | |
| VI. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED | | | | |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | | | | |
| TITLE SUPERVISION DISTRICT # 3 | | | | |
| This form is to be filed in compliance with NULE 1104. | | | | |
| (Signature) If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation | | | | |
| Operations Engineer (Title) All sections of this form must be filled out completely for allown | | | | |
| August 31, 1988 | shie on new and recompleted wells. Fill out only Sections L. II. III, and VI for changes of owner. | | | |
| SEP 0 9 1988 SEP 0 9 1988 | well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each peel in multiply comeleted wells. | | | |
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