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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator APACHE CORPORA	CORPORATION								Well API No.			
Address 1700 Lincoln,	Ste 2000,	Denver	·, cc	80203	}							
Reason(s) for Filing (Check proper bo						et (Please exp	lain)				 :	
New Well Change in Transporter of:					Curve (1 seems expense)							
Recompletion	Oil		ry Gas		Effect	ive 10/1	1/92				į	
Change in Operator	Casinghead		ondens								İ	
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WEI	LL AND LEAS	SE										
Lease Name Apache		Well No. Pool Name, Including			ng Formation Gallup Dak.			Kind of Lease State, Federal or Fee			Lease No. 127	
Location		<u></u>										
Unit Letter	:645 :	F	eet Fro		N Line	22 e and	25 	Fe	et From The	W 	Line	
Section 3 Tow	nship 24N	R	lange	4W	. NI	MPM, Ric	o Arr	iba			County	
		-				VII IVI,					county	
III. DESIGNATION OF TR Name of Authorized Transporter of O		or Condensa		NATU		e address to v	vhich an	proved	come of this f	form is to be se	ent)	
Gary Williams			l		P.O. B	ox 159,	ВТОО	mfie	eta, nm	87413	,	
Name of Authorized Transporter of C El Paso Natural	singhead Gas GdS	or Dry Gas Address				(Give address to which approved copy of this form is to be sent) BOX 4990, Farmington, NM: 87401					ent)	
If well produces oil or liquids, Unit		Sec. Twp. Rge.							When ?			
give location of tanks.				<u> </u>			1					
If this production is commingled with IV. COMPLETION DATA	hat from any other	r lease or po	ol, give	comming	ing order numl	ber:						
		Oil Well	G	as Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complete Date Spudded	Date Compl.	Ready to P	rod.		Total Depth	<u> </u>	<u> </u>		P.B.T.D.	<u> </u>		
·												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations					Depth Casing Shoe							
		IBING C	'ASIN	G AND	CEMENTI	NG RECO	RD				-	
HOLE SIZE		NG & TUB	•			DEPTH SE			1.	SACKS CEM	ENT	
									<u> </u>			
V. TEST DATA AND REQU	JEST FOR AL	LLOWAL	BLE		<u> </u>				<u> </u>			
_	er recovery of lold			il and must	be equal to or	exceed top al	lowable	for this	depth or be	for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, p	oump, ga	s lift, e	(c.)	. de s	3 3	
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure				Choke Size			
	100.00								37.5			
Actual Prod. During Test	Oil - Bbls.			٠	Water - Bbis.				Gas- MCF 00T 02 1992			
GAS WELL					<u> </u>					ou cc	N DIV	
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	mate/MMCF			Gravity of C	Condensia	T. 3	
							1		~~			
Testing Method (pitot, back pr.)	Tubing Press	aure (Shut-in	1)		Casing Press.	ire (Shut-in)			Choke Size		· ·	
VI. OPERATOR CERTIF	ICATE OF	COMPI	IAN	CE								
I hereby certify that the rules and r						DIL COI	NSE	RVA	NOITA	DIVISIO	N	
Division have been complied with and that the information given above					OCT 0 1 1992							
is true and complete to the best of my knowledge and belief.						Date Approved						
K. Chin Il-s						I By 311 del						
R. Chris Kersey Sr. Engineer					SUPERVISOR DISTRICT #3							
Printed Name	(303)	837 - 50	ide 000		Title					SIMICI	<i>E</i> 3 	
9/29/92 Date	(303)		one No).								
					11							

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.