

DISTRIBUTION		4
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Handwritten initials

Operator Apache Corporation	
Address 2016 Lincoln Center, 1660 Lincoln Street, Denver, Colo. 80264	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache Federal "B"	Well No. 1	Pool Name, including Formation Dufers Point Gal-Dak Exten.	Kind of Lease State, Federal or Fee Federal	Lease No. NM 28751
Location Unit Letter J 1650 Feet From The South Line and 1650 Feet From The East Line of Section 3 Township 24N Range 8 W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Merit Oil Corporation	Address (Give address to which approved copy of this form is to be sent) Suite 300, 300 W. Arrington, Farmington, N.M. 8740	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 3
	Twp. 24N	Rge. 8W
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/22/76	Date Compl. Ready to Prod. 2/11/77		Total Depth 7216'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 7203' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7126'		Tubing Depth			
Perforations 7126-36', 7154-64'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	5 1/2"		7216'		400			
	8-5/8"		262'		250			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2/11/77	Date of Test 2/10/77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure 50 lb.	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 70	Water - Bbls. None	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APACHE CORPORATION

Handwritten signature: C. L. Bixler

(Signature) C. L. BIXLER

PRODUCTION ASSISTANT

(Title)

May 26, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. Hendrick

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 filed for each pool in multiple