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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 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICTO		Santa Fe, New M	Mexico 87504-20	88				
1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST	FOR ALLOWA	BLE AND AUTI	IORIZATIO	N			
T. Operator	IL AND NATURA	NATURAL GAS WEIL AFI No.						
NASSAU RESOU			30-039-20285					
	9, Farmington	n, N.M. 874	99					
Reason(s) for Filing (Check proper bottlew Well	r)		Other (Plea	ise explain)				
Recompletion	Change Oil [in Transporter of: Dry Gae						
Change in Operator XX	Casinghead Gas		Effective	7/1/93				
If clunge of operator give name and seldress of previous operator	Jerome P. McHu	igh, P.O. Bo	x 809, Farmin	gton, N.M	. 87499			
II. DESCRIPTION OF WEL								
Lease Name Apache	Apache Well No. Pool Name, Included Basin Dake				nd of Lease			
1.ocation	<u> </u>				nte, Federal or Fee Indian	JC #98		
Unit Letter B	:960	Feet From The _	North Line and _	1680	Feet From The	East	Line	
Section 20 Town	ship 26N	Range 3W	, NMPM,	Rio Arr:	iba			
III DESIGNATION OF TRA	ANCROPATED OF						County	
III. DESIGNATION OF TRA	OF Cond		URAL GAS Address (Give addre	ss to which appro	ved copy of this form	is to be sent)		
Name of Authorized Tenantics of Sta		لبا						
Name of Authorized Transporter of Ca Williams Field S	• —	or Dry Gas X						
If well produces oil or liquids,	Unit Sec.	Twp. Rge	P 0 Box 589 e. Is gas actually conne		hen?	utah 841	<u> 158-090</u>	
If this production is commingled with the	B 20	P6N 3W	Yes			····		
IV. COMPLETION DATA	at nom any other lease (or been' give commin	giing Order number:					
Designate Type of Completic	on - (X)	ell Gas Well	New Well Work	over Deeper	n Flug Back Sa	me Res'v	ff Res'v	
Date Spudded	Date Compl. Ready	to Frod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			T 25975 6					
			Top Oil/Gas Fay		Tubing Depth	Tubing Depth		
Perforations .					Depth Casing S	hoe		
_	TUBING	J. CASING AND	CEMENTING RE	CORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTI		SAC	SACKS CEMENT		
				 				
								
v. TEST DATA AND REQU	 	VADI E						
DIL WELL (Test must be afte	r recovery of total volum		st be equal to or exceed	top allowable for	this depth or he fo cal	full 24 hours	and the second	
Date First New Oil Run To Tank	Date of Test		Producing Method (F	low, purp, gas ly	TOY E CE	* (1) IK		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	A 4005		
Actual Prod. During Test (NI - Rhie					JUN2	8 1993		
Moran a lock Daning 1694	Oil - Bble.		Walet - Bbls.			OIL CON. 1/		
GAS WELL					DIS)1. 3	J	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MM	ICF	Gravity of Cond	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shut	· . (-lō) ·	Choke Size	Stations.	!	
							İ	
VI. OPERATOR CERTIFI				ONSERI	VATION DI	VISION		
I hereby certify that the rules and reg Division have been complied with an	ed that the information gi	ervation ven above						
is true and complete to the best of my knowledge and betief.			Date Appl	Date Approved				
Inan Pen	·			7	w d	/		
Signature Fran Perrin		y Liaison	By	SUPEC	A) Character Stranger	<u>x</u>		
Frinted Name		Title		00, 25	TOTAL DIST	HCT #3		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

505 326 7793

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be fitted out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections 1, 11, 111, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filled for each pool in multiply completed wells