

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator Apache Corporation

Address 7666 East 61st., 500 Triad Center, Tulsa, Ok 74133-1201

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate Other (Please explain) Effective 12/1/86

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico State Comm 1</u>	Well No.	Pool Name, Including Formation <u>West Mescalero (Morrow)</u>	Kind of Lease State, Federal or Foreign <u>State</u>	Lease No. <u>L 3861</u>
Location Unit Letter <u>M</u> ; <u>860</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>10S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Koch Services Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558 Breckinridge, Tx. 76024</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 Tulsa, Ok 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>19</u> Twp. <u>10S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When <u>2-27-79</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		<u>XX</u>						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Connie Jones
(Signature)

Production Clerk

2/10/87

(Title)

(Date)

OIL CONSERVATION DIVISION

FEB 17 1987

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multicompleted wells.