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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-116 Effective 1-1-65	
FILE	AUTHORIZATION TO TRA	AND		
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER OIL /			Vd'	
GAS )	,			
OPERATOR /	_			
PRORATION OFFICE	•			
Amerada Hess Corpor	ation			
Address Drawer D, Monument,	New Mexico 88265			
Reason(s) for filing (Check proper box	·)	Other (Please explain)		
New Well	Change in Transporter of: Oil Dry Ga			
Recompletion Change in Ownership	Casinghead Gas Conder	<b>=</b>		
If change of ownership give name and address of previous owner				
•	I DASE			
I. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F		Lease No.	
J. Apache "I"	6 Chacon Dakota	State, Federal	or Fee Federal Jic.167	
Unit Letter P; 990	Feet From The South Lir	ne and 790 Feet From T	he <u>East</u>	
	ownship 23N Range	3W , NMPM, Rio Al	riba County	
Divide of desired T.L.	2.35			
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)	
		Box 1528, Farmington, N	New Mexico 87401	
Inland Corp.  Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
El Paso Natural Ga	s Co.	Box 1492, E1 Paso, Texa Is gas actually connected? Whe	rs 79999	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	n	
give location of tanks.	P 11 23N 3W	No		
If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,			
Designate Type of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv	
	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
Date Spudded  5-21-77	9-16-77	7700'	7415'	
Elevations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Pay	Tubing Depth	
7236' GL	Dakota	7280'	7373'	
Perforations			Depth Casing Shoe	
7280' - 7286', 737	8' - 7394'	D CENENTING BECARD	7698'	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
13-3/4"	9-5/8"	367'	350 sks.	
8-3/4"	5-1/2"	76981 .	1950 sks.	
			<u> </u>	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this c	after recovery of total volume of load oil lepth or be for full 24 hours)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
9-30-77	10-2-77	Pumping	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
24 hrs.	au Phie	Water-Bble.	Gas-MCF	
Actual Prod. During Test	Oil-Bbis. 140	trace	TSTM	
	140	1 01400	. 4	
GAS WELL		Tall 0 decree 00/CE	Gravity of Condensate	
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	
	l l l l l l l l l l l l l l l l l l l	OIL CONSERVA	ATION COMMISSION	
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.		JIE CONSEINA	· ·	
		APPROVED	APPROVED, 19	
		By Original Signed by A. R. Aendrick		
spore is time and complete to		TITLE	3. A	
		11166		

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Supv. Adm. Ser

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(Signature)

(Title)

(Date)

All sections of this form must be filled out completely for allerable on new and recompleted wells.

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

If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiple