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., Aziec, NM 87410

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

> REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator								Well A	Pi No.		
 -	APACHE CORPORATI	ON									
idresi.	1700 Lincoln, St	e 2000,	Denve	er, CO	80203						
250D(5) for Filing (Check proper box)					Other	(Please expla	zin)			
w Wel				Transport	er of:	Lttooti	vo 10/1	/02			
kprrox	etion	Oil	실	Dry Gas	닉	EITECLI	ve 10/1	/ 32			
	n Operator	Casinghea	d Gas	Condens	ate						
sgrad	of operator give name										_
	SCRIPTION OF WELL	AND LE	ASE								
ase N			Well No.			ng Formation	1.		Lease Federal or Fee	نعِا	se No. 26
	Apache		136	Line	irith-G	Gallup Da	<u> </u>	3666, 1			
ocatic &	D	400	n n			Ν	70	0	et From The	W	Lin
	Unit Letter	_ :	·	_ Feet Fro	m The	Line	100	re	rrom ine _		
	Section 11 Townsh	ip 24N		Range	4W	, NN	<u>ирм,</u> Rio	Arriba			County
				_		D. T. G. C					
	ESIGNATION OF TRAP Authorized Transporter of Oil	NSPORTE	or Conde		NATU	Address (Giw	address to w	hich approved Bloomfie	copy of this fo	rm is 10 be ser	ut)
K) SIL	Gary Williams O	il to.	0. 000			P.O. Bo	ox 159,	Bloomfie	id, NM	8/413	
ime of	Authorized Transporter of Casis El Paso Natural G		X	or Dry C	ias 🔃	Address (Give	4990,	hich approved Farming	ton, NM	8740I	u)
well p	roduces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually	connected?	When	?		
e local	tion of tanks.			1	<u>L</u>	<u> </u>					
his pro	oduction is commingled with that OMPLETION DATA	t from any ot	her lease of	r pool, give	e commungi	ing order mine	xer:				
<u> </u>	UNIPLETION DATA		Oil Wel	11 G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Desi	ignate Type of Completion	1 - (X)	_i	i_						<u></u>	<u> </u>
ate Spudded Date Compl. Ready to				to Prod.		Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
-	foritions								Depth Casing Shoe		
nonu	ious										
			TUBING	, CASIN	IG AND	CEMENTI	NG RECO	SD			
	HOLE SIZE	CA	ASING & T	TUBING S	IZE		DEPTH SET	<u> </u>		SACKS CEMI	NT
						1					
						1					
	ST DATA AND REQUE	EST FOR	ALLOW	VABLE				Township Com object	a death or he	for full 24 hour	er l
IL W	VELL (Test must be after	recovery of	total volum	ABLE	oil and mus	t be equal to or	exceed top al	lowable for thi	s depth or be	for full 24 hou	·3.)
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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.