Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O.Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 RIO Brazos Rd, Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised-1-1-89 See instructions at Bottom of Page-

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator APACHE CORP	ORATION				Well A	API No.					
Address	CHITTE 20	00 T	ОСАП	TED CO				. 50 19.	ଟ୍ର ଅଧ୍ୟ	Marie Carlo	
1700 LINCOLN, SUITE 2000, DENVER, CO 80203 Reason(s) for Filing (Check proper box)											
New Well Change in Trasporter of:											
Recompletion Oil Dry Gas						Effective 01-01-94 JAN1 0 1994					
Change in Operator Casinghead Condensate OII CON DIV											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND I											
Lease Name	Well No. Pool Name, IncludE 151 LINDRITH-C					· ·			Lease No.		
APACHE Location	KIIH-C	ALLUP DAK. State, Federal			or ree	1	26				
Unit Letter O: : 990 Feet From The S Line and 1860 Feet From The E Line											
Section 12 Township 24N Range 4W NMPM, Rio Arriba County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form to be sent).											
Giant Refining F						P. O. Box 256, Farmington, NM 87499					
						Address (Give address to which approved copy of this form to be sent)					
El Paso Natural Gas If well produces oil or liquids, Unit Sec. Twp. Rge.						P. O. Box 4990, Farmington, NM 87401: Is gas actually connected? When?					
give loction of tanks.	i	1			and actual	any comme	A.,) when r			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		J1 14711		147-11	* N 107-11	Trans.	1	T_: _ :	7		
Designate Type of Completion	i i	il Well	١	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	_1		
evations(DF,RKB,RT,GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
							· · · · · · · · · · · · · · · · · · ·				
	TUBING, CASING							T'			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE	<u>ar</u>	1	SACKS CEMENTS:		
<u> </u>	 										
											
											
V. TEST DATA AND REQUEST PO											
OIL WELL (Test must be after rec		ume of	f load o	il and must					e full 24 hour	Ŋ	
Date First New Oil Run to Tank					Producing !	Method <u>(Flov</u>	v, pump, gas lift	<u>etc.)</u>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbl	s.		Gas-MCF			
GAS WELL					 			<u> </u>			
Actual Prod. Test-MCR/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condenses		
-*p724X							,	Chala Sina			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR 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.				OIL CONSERVATION DIVISION JAN 1 0 1994 Date Approved							
	L Mix	# <u></u>			-	·	·	\ ~/	1 /		
Signature						By Buch Chang					
JoAnn Smith Printed Name	Engineering Tech				-	SUPERVISOR DISTRICT 43					
	Title (303) 837-5000					Title					
12-15-93		(JUJ	<u>, 63/-</u>	JUUU	-						

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

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rul 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.