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

I	T	OTRA	NSF	PORT	OIL	AND NA	TUR	AL GA									
APACHE CORPORAT		Well API No.															
Address 1700 Lincoln, S	Ste 2000,	Denve	er,	CO 802	203									-	••		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name			Dry C			Effect	·	10/1,									
and address of previous operator																	
II. DESCRIPTION OF WELL Lease Name Apache						ing Formation Gallup Dak.				Kind of Lease State, Federal or Fee				Lease No.			
Location Unit LetterF	:339	95	Feet 1	From The		N Lin	e and .	231	0	_ Fee	t Fron	n The	W	·		Line	
Section 3 Towns	hip 24N		Rang	e 4W		, N	мрм,	Rio	Arri	ba					Cour	ity	
MI. DESIGNATION OF TRA Name of Authorized Transporter of Oil Gary Williams (or Conde		ND NAT	ונים	RAL GAS Address (Giv P. O. B	e addr OX	ess to wi	ус ь <i>арр</i> В 100 п	royed o	id,	(MM)	orm is 874	13	nt)		
Name of Authorized Transporter of Cas E. Paso Natura	inghead Gas		or Dr	y Gas [Address (Gi)	ox add	1990,	Farii	raved in	ton	, this	87/	o be se	nt)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	R	ge.	is gas actuali	у совл	ected?	1	When '	?				<u>.</u>		
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or	pool, g	rive comm.	ingli	ng order num	ber:					,					
Designate Type of Completion	n - (X)	Oil Well		Gas Well	l	New Well	Wai	kover	Deep	en	Plug	Back	Same	Res'v	Diff R	es'v	
Date Spudded	Date Compi	. 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						1					Depth Casing Shoe						
						CEMENTING RECORD											
HOLE SIZE	CAS	ING & IL	JBING	SIZE		DEPTH SET					SACKS CEMENT						
															<u>. </u>		
V. TEST DATA AND REQUI	EST FOR A	LLOW	ABLI	E													
OIL WELL (Test must be after	r recovery of tol	al volume			ust							or be	for full	24 hou	'5 .)		
Date First New Oil Run To Tank	Date of Test	ļ				Producing M	eunou (riow, pu	emp, gas	iyi, ei	c. <i>)</i>						
Length of Test	Tubing Pres	Tubing Pressure					Casing Pressure					Choke Size					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.						Water - Bbis.					Gas- MCF[[1]] 0 0 1 0 2 1932				
GAS WELL	-					Inu. C		n 100			<u> </u>	-: -*·	اه.	LC	<u>ON</u>	- Ĉ.; `	
Actual Prod. Test - MCF/D		Length of Test					Bbls. Condensate/MMCF Casing Pressure (Shut-in)					Gravity of Condelline Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
Testing Method (puot, back pr.)	Tubing Pres	aure (Sau	(- III)			Casing Press	ure (Sc	iux-in)			Choic	5 3126				į	
VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	gulations of the (ad that the inform	Dil Conser nation giv	vation		_	Date		CON					DIV 1997	_	N		
R. Chris Kersey	Sr		Title		-	By_			SU	PER	vis(OR E	DISTE	RICT	# 3		
9/29/92	(303)	837-	5000)	_	Title	·—										

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.