State of New Mexico Deeps, Minerals & Natural Resources Deep

Form C Revised October 18 19 Instructions on back Submit to Appropriate District Office

Definet [] 811 South First, Artesu. NM 88210

OIL CONSERVATION DIVISION

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estrict IV 040 South Pad	neco. Santa	Fe, NM 87505	EOD AL	LOWADI	EANI	) AI"	TU∩DI	7 A T I	ON TO TR			DED REFOR		
REQUEST FOR ALLOWABLE AND AUTHORIZAT  Operator name and Address									OGRID Number					
Apache Corporation 2000 Post Oak Blvd - Ste 100									000873					
Houston, TX 77056-4400							Q				Reason for Filing Code  - 3/1/96			
' P							ool Name			- 3/ 1/ 90 • Pool Code				
30 - 0 25-	<b>.PI Number</b> - 02802		Townsend Permo							59847				
01682	ruperty Code	:	Property Name  Mexico -R-								<mark>ં ખલા</mark> 2	Number		
		•												
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::	Bottom	Hole Loca	<del></del>				N 41 (S)		Feet from the	East/West	lina	Count		
UL or lot no.	L or iot no. Section To		Range	Lot Idn	Feet from the		North/South line		Peet From the	EBUWE		County		
12 Lse Code S	<sup>13</sup> Produc	ing Method Cod	le " Gas C	onnection Date	15 C-1	29 Perm	n Number	,	C-129 Effective	Date	" C-129	Expiration Date		
	ind Gas	Transport	ers		1									
Transpo	Transporter Transporter			" Transporter Name			D	11 O/G	22 POD ULSTR Location and Description					
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-• ·														
1 Hole Size			Casing & Tubing Size			<sup>13</sup> Depth Set			et	<sup>34</sup> Sacks Cement				
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VI. Wel	l Test D	)ata		<del></del>					<u></u>					
Date	Date New Oil		<sup>36</sup> Gas Delivery Date 77 To		st Date		<sup>8</sup> Test Length		" Thg. P	ressure	•	Csg. Pressure		
" Choke Size		4:	e Oil e Wat		2167	₩ Gas		d AOF de Test M			** Test Method			
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1	Previou:	s Operator Signi	Blure			Prans	led Name			Tital	t	Date		

## New Mexico Oil Conservation Division C-104 Instructions

## F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60° Report all oil volumes to the nearest whole barrel

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effective date.)

  AO Add oil condensate transporter

  CO Change oil-condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested) 3

If for any other reason write that reason in this box.

- The API number of this well
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9 The well number for this completion
- 10 The surface location of this completion NOTE: If United States government survey designates a Lot Nur for this location use that number in the 'UL or lot no.' Otherwise use the OCD unit letter. If the
- : 1 The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla
  N Navajo
  U Ute Mountain Ute
  I Other Indian Tribe 12.

The producing method code from the following table:

F Flowing
P Pumping or other artificial lift 13

- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15
- MO/DA/YR of the C-129 approval for this completion
- MO DA/YR of the expiration of C-129 approval for this completion 17
- 18 The gas or oil transporter's OGRID number
- Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20
- Product code from the following table: Gas
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD".etc.) 22
- 23 The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- The UESTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank" "Jones CPD Water Tank") 24
- 25 MO DA:YR drilling commenced
- MO DA YR this completion was ready to produce Tolk Vertical depth of the well 26
- 27
- . 8 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- Write in 'DHC' if this completion is downhole commingled with another completion. DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' in this well bore, or the in this well bore. 30

- 31 inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34 Number of sacks of cement used per casing string

If the following test date is for an oil well it must be from a test conducted only after the total volume of load oil is recovered

- 35 MO/DA/YR that new oil was first produced
- 36 MO/DA YR that gas was first produced into a pipeline
- 37. MO/DA YR that the following test was completed
- 38. Length in hours of the test
- 39 Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44 MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF (
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 46. S Swabbing If other method please write it in.
- 47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for puestions about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator to longer operates this completion, and the date this report was 48.

