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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

SEP 08 '87

O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Apache Corporation ✓	
Address 7666 East 61st St., Ste 500, Tulsa, Oklahoma 74133-1201	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Harper Oil Company, 904 Hightower Bldg., OKC, OK 73102

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Dallas	Well No. 1	Pool Name, Including Formation Wildcat, (Abo)	Kind of Lease State, Federal or Fee State	Lease No. LG5230
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>10S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024-1558	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2
	Twp. 10S	Rge. 26E
	Is gas actually connected? yes	When 9/4/87

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Production Engineer
(Title)
September 1, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 12 1987, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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

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

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

DESIGNATE TYPE OF COMPLETION - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.		
											X	X			X			X	
Date Spudded 9/4/84					Date Compl. Ready to Prod. 11/12/85					Total Depth 6560					P.B.T.D. 6521				
Elevations (DF, RKB, RT, GR, etc.) 3843 Gr.					Name of Producing Formation Abo					Top Oil/Gas Pay 4932					Tubing Depth 6030				
Perforations 4932-37; 4940-50										Depth Casing Shoe 6560									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	368	670
12¼	8-5/8	1206	425
8-3/4	5½	6560	1250
	238	6030	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 680	Length of Test 69 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) bade pr	Tubing Pressure (shut-in) 1060	Casing Pressure (shut-in) 1066	Choke Size 16/64"