ENERIC	STATE OF NEW MEXICO	RECEIVED BY O. BO	TION DIVISION	Form C-104 Revised 10-1-78	
	Ania / f         /           ILE         /           J.G.G.B.         /           AND UFFICE         ////////////////////////////////////	SANTA FE, NEW FEB 12 1987 O. CEQUEST FOR AN AUTHORIZATION TO TRANSP	ALLOWABLE D		
1.1	Pronation OFFICE				
	(ddress	Apache Corporation			
	7666 East 61st, 5 Reeson(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of:	sa, Oklahoma 74133-1 Other (Please explain) Effective 11/1		
If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND L Lease Name Mary K. Knobel	1 S. Carlsbad	Morrow State, Føderal	· · · · · · · · · · · · · · · · · · ·	
	Unit Letter; 1980 Feel From The South Line and 1980 Feel From The East				
32 T. mahip 22S Range 27E , NMPM, Eddy				County	
: <b>11.</b> 1	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			maidae Try 76024	
ł	Koch Oil Services Inc Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Transwestern P.I. Company Unit Sec. Twp. Rge.		P.O. BOX 1558, Breck Inflate Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2521, Houston, TX, 77001 Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.	J 32 22S 27E	yes 1/26/76		
۰ ۱۷.	If this production is commingled with that from any other lease or pool, if COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res	
	Designate Type of Completion - (X) XX Date Spudded Date Compl. 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 Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT	
••				2-20-86 chg hT: PER	
			ofter recovery of total volume of load oil	and must be equal to or exceed top all	
<b>'V</b> .	DIL WELL able for this der		epth or be for full 24 hours)   Producing Method (Flow, pump, gas h		
	Date First New Oil Run To Tanks	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Oil-Bble.	Water-Bbls.	Gas-MCF	
	Actual Proz. During Test			<u> </u>	
	GAS HELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condeneate	
	Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Presews (Shnt-in)	Coming Pressure (Shut-in)	Choke Size	
			DIL CONSERVA	TION DIVISION	
11.	CERTIFICATE OF COMPLIANCE		APPROVED FEB 1	9 1987, 19	
	I hereby certify that the rules and Division have been complied with above is true and complete to the	regulations of the Dil Conservation h and that the information given a best of my knowledge and belief.	BYSuccessful District II		
		MEA notwee)	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deope well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all		
Production Clerk (Tule) 2/10/87 (Date)			All sections of this form must be three cut on party is able on new and recompleted wells. Fill out only Sections I. 11, 111, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for sech pool in mult completed wells.		