

OIL CONSERVATION DIVISION
RECEIVED BY 60 X 2088
SANTA FE, NEW MEXICO 87501
FEB 12 1987
O. C. D. REQUEST FOR ALLOWABLE
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE REPLICATES	
DISTRIBUTION	
SANTA FE	7
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Apache Corporation
Address
7666 East 61st., 500 Triad Center, Tulsa, Oklahoma 74133-1201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒ Effective 12/1/86
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Ross Draw Unit Well No. 7 Pool Name, Including Formation Ross Draw - Wolfcamp Kind of Lease State, Federal or Fee Federal Lease No. 11042
Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East
Line of Section 26 Township 26S Range 30E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Koch Services Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckinridge, Tx. 76024
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Tx. 79978
If well produces oil or liquids, give location of tanks. Unit J Sec. 26 Twp. 26S Rge. 30E Is gas actually connected? yes When 2/4/80

If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res.
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
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Perf 10-3
2-20-87
Chg LT: TTT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all tests taken on the well in accordance with RULE 111.)
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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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 above is true and complete to the best of my knowledge and belief.
Connie Jones
(Signature)
Production Clerk
(Title)
2/10/87
(Date)

OIL CONSERVATION DIVISION
FEB 19 1987
APPROVED Original Signed By
BY Joe A. Clements
Supervisor District II
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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 wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.