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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 Instruction

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator APACHE CORPORATION Address 1700 Lincoln, Ste 2000, Denver, CO 80203 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 10/1/92 Dry Gas Oil Recompletion Condens Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE **Well No.** 122 Pool Name, Including Formation Kind of Leas 129 No. Lease Name State, Federal or Fee Lindrith-Gallup Dak. Apache Location Ε 660 1980 Ι Feet From The . Feet From The Line Unit Letter 13 24N 4W Rio Arriba NMPM. Section Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be seru)
P.O. Box 159, Bloomfield, NM 87413 Name of Authorized Transporter of Oil or Condensate Gary Williams Oil Co Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas or Dry Gas [ Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 4990, Farmington, NM 87401 If well produces oil or liquids, give location of tanks. Twp. When? Unit Rge. Is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **DEPTH SET** SACKS CEMENT HOLE SIZE CASING & TUBING SIZE 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 dep OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test OCT 0.2 1992... Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls CON. DIV. D.S. 3 **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied/with and that the information given above OCT & 11992 is true and complete to the best of my knowledge and belief Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature R.

Date

Printed Name 9/29/92

Chris

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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SUPERVISOR DISTRICT #3

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

(303) 837-5000

Engineer

- 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.