Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## 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 Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name Lindrith-Gallup Dak. State, Federal or Fee Apache 147 129 Location G 2310 N 1650 Feet From The Feet From The Unit Letter Rio Arriba 24N 4W 13 NMPM. Township Section Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159, Bloomfield, NM 87413 or Condensate Gary Williams Oil Co Name of Authorized Transporter of Casinghead Gas E. Paso Natural Gas Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 4990, Farmington, NM 8/401  $X \square$ or Dry Gas [ If well produces oil or liquids, give location of tanks. Twp. When? Sec. 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 Gas Well Oil Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE 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 depth of the OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Casing Pressure OCT 02 1992 Length of Test Tubing Pressure Water - Bbis. Actual Prod. During Test Oil - Bbls. CON. DIV <del>DIST. 3</del> **GAS WELL** Length of Test Bbls. Condensate/MMCI Gravity of Condensate Actual Prod. Test - MCF/D Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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 is true and complete to the best of my knowledge and belief. OCT 0 1 1992 Date Approved \_ Sr. Engineer Chris Kersey

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

(303)

Printed Name

9/29/92

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

SUPERVISOR DISTRICT #3

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

Title 837-5000

- 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.