

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83

RECEIVED
JUN 30 1986
OIL CON. DIV.
DIST. 8

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Apache Production Company

Address 501 AIRPORT DRIVE FARMINGTON NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) CHANGE POOL NAME

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>JICAPILLA APACHE A-118</u>	Well No. <u>13</u>	Pool Name, including Formation <u>NORTHEAST OJITA GALLUP-DAROTE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>JICAP A-118</u>
Location				
Unit Letter <u>E</u>	: <u>2260</u> Feet From The <u>NORTH</u> Line and <u>1070</u> Feet From The <u>WEST</u>			
Line of Section <u>35</u>	Township <u>26N</u>	Range <u>3W</u>	NMPM. <u>RIO ARRIERA</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"/> <u>PERMANENT CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1702 FARMINGTON NM 87409</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NWPL</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 90</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>E 35 26N 3W</u>	<u>YES</u>

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.

BSShaw

(Signature)

Admin. Supervisor

(Title)

JUNE 27 1986

(Date)

OIL CONSERVATION DIVISION

JUN 30 1986

APPROVED _____

BY _____

SUPERVISOR DISTRICT 8

TITLE _____

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 deviated 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 multiple completed wells.