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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-89
RECEIVED
MAR 16 1989
OIL CON. DIV
DIST. 2

Operator A.P.A. DEVELOPMENT, INC.	
Address P. O. Box 215, Cortez, CO 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of operator
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner Woosley Oil Co., P.O. Drawer 1480, Cortez, CO 81321

Lease Name Navajo AA	Well No. 16	Pool Name, including Formation North Many Rocks	Lower Gallup	Kind of Lease State, Federal or Fee IND	Lease No. 14-20 603-585
Location Unit Letter <u>A</u> ; <u>952</u> Feet From The <u>North</u> Line and <u>958</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>32 N</u> Range <u>17 W</u> , NMPM, <u>San Juan</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>		<u>P.O. Box 990, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			<u>32N 17W</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
A.P.A. DEVELOPMENT, INC., a Colorado corp.	
<u>Patricia B. Wooley</u>	(Signature) (President)
OPERATOR	
<u>3/13/89</u>	(Date)

OIL CONSERVATION COMMISSION	
MAR 16 1989	
APPROVED	, 19
BY <u>James J. Chumley</u>	
TITLE <u>SUPERVISOR DISTRICT #3</u>	
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 deviate 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.	