

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator APACHE CORPORATION	Well API No. 30-025-25686
Address 1700 LINCOLN ST. SUITE 2000 ONE NORWEST CENTER DENVER, CO. 80203-4520	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator CHARLES F. HARDING; 4317 LAWN AVE.-DALLAS, TEXAS 75219	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "3"	Well No. 1	Pool Name, including Formation BAR-U (MISSISSIPPIAN)	Kind of Lease State, Federal or Fee	Lease No. L-3021
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>3</u> Township <u>9-S</u> Range <u>32-E</u> , NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183-HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>3</u> Twp. <u>9-S</u> Rge. <u>32-E</u> Is gas actually connected? <u>NO</u> When ?
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/4/77	Date Compl. Ready to Prod. 1/24/78	Total Depth 11,192'	P.B.T.D. 10,897'					
Elevations (DF, RKB, RT, GR, etc.) 4415 GR	Name of Producing Formation MISSISSIPPIAN	Top Oil/Gas Pay 10,438'	Tubing Depth 10,680'					
Performances 10,703-723; 10,691-695; 10,893-897; 10,734-735			Depth Casing Shoe 11,208					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	12-3/4	375	400
11	8-5/6	3600	800
7-7/8	4-1/2	11,208	625
4-1/2	2-3/8	10,680	NONE

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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	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 (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

* Charles F. Harding
Signature
Charles F. Harding
Printed Name
2-10-94
Date
Operator
Title
214/361-4292
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 03 1994

By Jerry Sexton
ORIGINAL-SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

DISTRICT I SUPERVISOR

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.