

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 1-1-65

I. Operator: **Apache Exploration Corporation**
 Address: **P. O. Box 2299, Tulsa, Oklahoma 74101**
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain): _____
 If change of ownership give name and address of previous owner: **Delaware - Apache Corporation, 1720 Wilco Building, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE 79701
 Lessee Name: **State "19" Comm** Well No.: **2** Pool Name, including Formation: **North Baum Upper Penn** Kind of Lease: **State** Lease No.: **K-8272**
 Location: **Lea** County
 Unit Letter: **A**; **660** Feet From The **North** Line and **660** Feet From The **East**
 Line of Section: **19** Township: **13 South** Range: **33 East**, NMPM,

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Amoco Pipeline Company Address (Give address to which approved copy of this form is to be sent): **3411 Knoxville Avenue, Lubbock, Texas**
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1589, Tulsa, Oklahoma 74101**
 (If well produces oil or liquids, give location of tanks.) Unit: **I** Sec.: **19** Twp.: **13S** Rge.: **33E** Is gas actually connected? **Yes** When: **12-26-68**

If this production is commingled with that from any other lease or pool, give commingling order number: **Not applicable**

IV. COMPLETION DATA
 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

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

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.

 Regional Production Administrator
 August 8, 1972

OIL CONSERVATION COMMISSION
 APPROVED **AUG 14 1972**, 19_____
 BY **Joe D. Ramey**
 Dist. I, Supv.
 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 deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allow-

W. H. OIL
1917

RECEIVED

AUG 1 1917
OIL CONSERVATION COMM.
HOBB, N. M.