STATE OF NEW MEXICO ENERGY AND MINERALS DEPAR DISTRIBUTION SANTA FE FILE U.S.O.J. LAND OFFICE TRANSPORTER GAS OPERATOR	TMENT	SANTA FE, NEV REQUEST FO	ATION DIVISIO DX 2088 W MEXICO 87501 R ALLOWABLE ND		Form C-104 Revised 10-(11-78 Format 06-01-83 Page 1
PROBATION OFFICE	AUTHO	RIZATION TO TRANS		JRAL GAS	
1. Operator	<u></u>		- <u>····</u> .		
Apache Corporatio	on	<u> </u>	·		· · · · · · · · · · · · · · · · · · ·
Address 7666 East 61st S [.]	treet, 500	Triad Center	. Tulsa. Okl	ahoma 74133-1	201
Reason(s) for filing (Check prope			Other (Pleas		
New Well		n Transporter of:	Well i	s being P & A'	d. One time
Change in Ownership			y Gas Sale.	. 60 bbla	/
		ingneda Gds			
If change of ownership give na and address of previous owner					
I. DESCRIPTION OF WELL Lease Name		Pool Name, Including F	ormation	Kind of Lease	B0-025-
State "QE 24-🗲	2/	Ranger Lake	Penn	State, Federal or Fee St	$ate = \frac{30-025-}{29741}$
Location	660	Nonth	1000	D = =	
Unit Letter B :	Feet Fro	om The North Lin	• and980	Feet From TheEas	
Line of Section 24	Township	125 Range 3	4E , NMPN	٨,	Lea County
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NATURAL	, GAS 1 Address (Give address	to which approved copy of ti	his form is to be sence
Koch Oil Company			1	609 Midland, T	
Name of Authorized Transporter o	f Casinghead Gas	or Dry Gas	Address (Give address	to which approved copy of th	is form is to be sent)
	Unit Sec	Twp. Rge.	Is gas actually connect	ea? When	····
If well produces oil or liquids, give location of tanks.	,0111 , 500		No	N/A	
If this production is commingle	d with that from ar	y other lease or pool,	give commingling orde		······
NOTE: Complete Parts IV a		-		<u> </u>	
VI. CERTIFICATE OF COMP	LIANCE				SION
hereby certify that the rules and reg			APPROVED	EC3 1986	, 19
been complied with and that the infor my knowledge and belief.	mation given is true ar	nd complete to the best of		SIGNED BY JERRY SEXT	BN
			DIS	THET I SUPERVISOR	
Connie Jones)		TITLE This form is to	be filed in compliance a	With RULE 1104.

11

(Signature)

(Tille)

(Date)

Production Clerk

12/2/36

If this is a request for allowable for a newly drilled or deepence well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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 multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	011 Well **Non-	Gas Well Oommerc	al P&A	Workover	Deepen	Plug Back	Same Res'v. Diff. Re
Date Spudded	Date Compl. Ready to Prod.		rod.	Total Depth		P.B.T.D.	·	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		ation	Top Oil/Gas Pay		Tubing Depth		
Perforations	- <u>+</u>			1			Depih Casir	ng Shoe
		TUBING, C	CASING, AND	CEMENTIN	G RECORD)		
HOLE SIZE	CASI	NG & TUBIN			DEPTH SE		SACKS CEMENT	
						·		
				1				

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 all. OIL WELL able for this depth or be for full 24 hours)

Date First New Cil Run To Tanza	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
Actual Pred. During Test	О11- аы а.	Watsr-Bbls,	Gan - MCF		

GAS WELL

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