STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 -----Format 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISION Page 1 SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 V.8.0.4 LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE GAB OPERATOR AND PRORATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Apache Corporation Address 7666 East 61st Street, 500 Triad Center, Tulsa, Ok. 74133-1201 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: NO KN Dry Gas Recompletion **Casinghead** Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. **II. DESCRIPTION OF WELL AND LEASE** Kind of Lease Well No. | Pool Name, Including Formation Lease No. Lease Name 2 Wantz Abo State, Federal or Fee Fee S. J. Sarkeys Location 990 Feet From The 1650 North East Η t the and Feat From The Unit Letter 37E Lea 26 21S NMPM, County Range Line of Section Township **III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oll or Condensate O. Box 1910, Midland, Tx. 79702 Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation Name of Authorized Transporter of Casinghead Gas 🖄 or Dry Gas 74102 Ρ. Box 1580 <u>Tulsa, Okla</u> Warren Petroleum Company 0. Is gas actually connected? Sec. Rge. When Twp. Ūnit If well produces oil or liquids, give location of tanks. 26 137E 4-7-66 215 Yes If this production is commingled with that from any other lease or pool, give commingling order number: DHC R-5961

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.

/Siznature Production Clerk

12-3-86

(Date)

(Title)

OIL	CONSERVA	TION DIVIS	SION	
APPROVED	DEC8	1986		
BYORIC	INAL STONED B	Y JERRY SED	CON	
	DISTRICT I SC	PERVISOR		

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 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 Forma C-104 must be filed for each pool in multiply completed wells.

