	STATE OF NEW MEXICO				Form C-104 Revised 10-1-78	
ENE	RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVIS	И		
		P. O. BOX	2088			
	5AH1A / 0	SANTA FE, NEW	MEXICO 87501			
	P 11. R					
	LAND UFFICE REQUEST FOR ALLOWABLE					
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.	DPERATOR PRONATION OFFICE Operator	AUTHORIZATION TO TRANSPO				
	Apache Corporatio	n				
	Address 7666 East 61st, 5	00 Triad Center Tuls	sa, Oklahoma	74133-12	201	
	Reason(s) for filing (Check proper box)		Other (Please	explainj		
	New Well	Change in Transporter of: Oil Dry Cas				
	Recompletion Change in Ownership	Casinghead Gas Condens	Effec	tive 12/1	L/86	
	If change of ownership give name and address of previous owner					
**	DESCRIPTION OF WELL AND L	EASE		I vis d ad l anno	Lease	No
	Lease Name	well No. Poor leane, mereane -		Kind of Lease State, Federal o	"F•• State LG1208	
	State "23" Comm.	<u>l Antelope Rid</u>	ge-Atoka	l		
	Location Line and 1980 Feet From The South Line and 1980 Feet From The West					
	Unit Letter			Lea	Cour	
	Line of Section 23 T	nahip 235 Range 34	Е , ММРИ	, Dea		
	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GAS	s	:		
: п .	Nome of Authorized Transporter of Cil	or Condensore MA			d copy of this form is to be sent) 76024	
	Koch Services Inc	•	P.O. Box 1558	to which approved	d copy of this form is to be sent)	
	Name Southern Union Ga		ust internati	ONAL BLOG	$\frac{1}{79978}$	0
	El Paso Natural C	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When	Jy-1200-75570	
	If well produces oil or liquide. give location of tanks. N 23 238, 34E Yes 8/9/79					
	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:		_
IV	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. R	63
	Designate Type of Completio				P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
			<u></u>		Depth Casing Shoe	
	Perforations					
		TUBING, CASING, AND	DEPTHS		SACKS CEMENT	_
	HOLE SIZE	CASING & TUBING SIZE	DEFTRI			
•			· · · · · · · · · · · · · · · · · · ·			
			t	ume of load oil a	nd must be equal to or exceed top	<u>_</u> 1
V	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lijt	. elc.)	
		Tubing Pressure	Casing Pressure		Choke Size	
	Length of Test	Indud Liessna				
	Actual Prod. During Test	OII-Bbls.	Water-Bbls.		Gas • MCF	
		<u> </u>			· ·	
					·	
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condensate	
		Tubing Presswe (Shut-in)	Casing Pressure (fbr	it-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (anne-12)				
•	L CERTIFICATE OF COMPLIANCE		DIL CONSERVATION			
¥.	· · · · · · · · · · · · · · · · · · ·		APPROVED	FFR1	7 1987	
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		BY_ORIGINAL SIGNED BY JERRY SEXTON			
	Division have been complied with above is true and complete to the	e best of my knowledge and belief.	ILBY ORGINAL	FACT I SUPERV	ISOR	
			TITLE			
			This form is to be filed in compliance with RULE 1104.			
	Connie ones		If this is a request for allowable for a newly drilled or deeps will this form must be accompanied by a tabulation of the devia			
	(Sign	oture)	I teats taken on th	tests taken on the well in accordance .		
	Production Clerk (Tule)		i able on new and	recomplated We	at be filled out completely for slie.	
2/10/87			Fill out only Sections 1, 11. well name or number, or transporte		ttt and VI for changes of	ov di
	(Date)		well name or num	ber, or transport	(ct, of other strent strent	
		Separate Forms C-104 must be filed for each pool in mult completed wells.				