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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-105
Effective 1-1-65

I. Operator
Apache Oil Company
Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Effective **2/1/75**
If change of ownership give name and address of previous owner **Johnson & French Oil Company, Box 102, Jal, New Mexico 88252**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Federal B** Well No. **2** Pool Name, including Formation **Langlie Mattix** Kind of Lease **Federal** Lease No. **10-060944**
Location **Unit Letter H ; 1650 Feet From The North and 330 Feet From The East**
Line of Section **14** Township **25S** Range **37E** N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ (Approved copy of this form to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ (Approved copy of this form to be sent)
El Paso Natural Gas Co. **Box 1492, El Paso, Texas 79999**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is it a natural gas well? When
Yes **2/1/59**

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Deepen Plug Back Same as Prev. Diff. Res'tv.
Date Spudded Date Compl. Ready to Prod. P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENT
HOLE SIZE CASING & TUBING SIZE SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after request for allowable for this oil well and must be equal to or greater than allowable)
Date First New Oil Run To Tanks Date of Test
Length of Test Tubing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Gravity of Condensate
Testing Method (pitot, back pr.) Tubing 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.
Hanna Wells
(Signature)
Agent
(Title)
2/13/75
(Date)
OIL CONSERVATION COMMISSION
APPROVED **FEB 13 1975**
BY
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.
This form must be filled out completely for allowable for completed wells.
Refer to Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.