

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATION	
REGISTRATION OFFICE	
Operator	

Apollo Oil Company

Address: Box 1737, Hobbs, N.M. 88240

Reasons for filing (Check proper box) (Other (Please explain))

New Well	<input type="checkbox"/>	Change in Transporter of:		Effective 1-1-88
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Unit of Lease	County
N.M. 'CE' State NCT-1	1	Eumont Yates 7-Rivers Queen	State	E-3289

Location

Unit Letter: E ; 330 Feet From The West Line and 1655 Feet From The North

Line of Section: 6 Township: 19S Range: 37E Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo-Refining Company	Drawer 159, Artesia, N.M. 88210
Name of Authorized Transporter of Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually transported? when
Unit: E Sec: 6 Twp: 19S Rge: 37E	Yes 3-19-58

If this production is commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Recompletion	Flow Back	Other
Designated							
Flowback (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth	Fract. ID.				
Formations	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
			Depth Casing Hole				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH S.F.T	SACCS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of head oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

Core First New Oil Run To Tanks	Date of Test	Producing Method (Water, 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/MCF	Gravity of Condensate
Testing Method (Water, Back pr.)	Tubing Pressure (Static-50)	Casing Pressure (Static-50)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

Mary L. Davis
 (Signature)
 Oil & Gas Accountant
 (Title)
 1-12-88
 (Date)

OIL CONSERVATION DIVISION

APPROVED: **JAN 13 1988**

BY: **Eddie W. Seay**

TITLE: **Oil & Gas Inspector**

This form is to be filed in compliance with rules and regulations.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of all casing tests taken on the well in accordance with Part 10.11.
 All sections of this form must be filled out completely for the well on now and re-completed wells.
 Fill out only Sections 1, 2, 3, 4, 5, and 6 for change of well name, transporter, or transporter or other such change. All other sections must be filled out for each pool for which separate allowable is to be filed for such pool for each