

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROPRIATE OFFICES	
DISTRIBUTION	
DATE RECEIVED	
FILE	
U. S. O. B.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

Apollo Oil Company

Address: Box 1737, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas  Effective 1-1-83

Recompletion  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name N.M. "CE" State NCT-1	Well No. 1	Pool Name, including Formation Eumont Yates 7-Rivers Queen	Kind of Lease State, Federal or Free State	Lease No. E-3289
Location Unit Letter <u>E</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>1655</u> Feet From The <u>North</u>	Line of Section <u>6</u>	Township <u>19S</u>	Range <u>37E</u>	Lea <u>Lea</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Getty Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) Box 5568, Denver, Colorado 80217
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>6</u> Twp. <u>19S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>3-19-58</u>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Interval or (DL, RRB, RT, CR, etc.)	Name of Producing Formation
Formations	Total Depth
	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed test available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Choke Size
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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. David  
(Signature)  
Oil & Gas Accountant  
(Title)  
1-8-83  
(Date)

OIL CONSERVATION DIVISION  
JAN 11 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY  
JERRY SEXTON  
TITLE DISTRICT 1 SUPP.

This form is to be filed in compliance with RULE 103.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in mu

RECEIVED  
JAN 10 1983  
C. D.  
HCSBS OFFICE