

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

I. OPERATOR

Operator **Apollo Oil Company**

Address **c/o Oil Reports & Gas Services, Inc., Box 768, Hobbs, NM 88240**

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership

Change in Transporter of: Oil Gas Change in Transporter of: Oil Dry Gas Other (Please explain) **Effective 3/1/79**

If change of ownership give name and address of previous owner **Texaco, Inc., P. O. Box 728, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "C E"	Well No. 1	Pool Name, including Formation Dumont	Kind of Lease State	Lease No. E-3289
Location				
Unit Letter E	: 1654.6 Feet From The North Line and 330 Feet From The West			
Line of Section 6	Township 19 S	Range 37 E	NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent)	Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit E Sec. 6 Twp. 19S Rge. 37E	Is gas actually connected? Yes	When 3/19/58

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Save Restv.	Fill. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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	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 (spot, back pr.)	Tubing Pressure (shut-in)	Casing 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.

ORIG. SIGNED BY: DONNA HOLLER

(Signature)
Agent

(Title)
3/8/79

(Date)

OIL CONSERVATION COMMISSION
MAR 9 1979

APPROVED _____, 19____

BY **Orig. Signed by Jerry Sexton Dist. 1, Supv**

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 logs taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for allowable on new and re-completed 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 conditions.