

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT.
OPERATOR	
PRODUCTION OFFICE	
Operator	

Apollo Oil Company

Box 1737, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 1-1-88
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead 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 N.M. 'CE' State NCT-1	Well No. Pool Name, including Formation 2 Eumont Yates 7-Rivers Queen
Location Unit Letter F 1685 Feet From The North Line and 1652 Feet From The West	State, Federal or Fed. State E-3289
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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N.M. 88210
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 E Sec. 6 Twp. 19S Rge. 37E	Is gas actually commingled? when 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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth
			Length Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENTED

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of fluid oil and must be equal to or greater than allowable for this depth or be for full 28 hr. test)			
Date First Flow Oil Run To Tanks	Date of Test	Producing Formation (Flow, Perm., Gas Wt., 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 (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. Davis
(Signature)
Oil & Gas Accountant
(Title)
1-12-88
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 13 1988**

BY **Eddie W. Seay**
Oil & Gas Inspector

TITLE _____

This form is to be filed in compliance with RULE 10.11.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated test section on the well in accordance with RULE 10.11.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of ownership, lease, or operator, or transporter or other such change of ownership. Separate forms (O-104) must be filed for each well in compliance with RULE 10.11.