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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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-110
Effective 1-1-65

MAIN OFFICE OCC
JAN 25 PM 1:1

I. REPORT

APCO OIL CORPORATION

Address: **930 Liberty Bank Bldg., Oklahoma City, Oklahoma - 73102**

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

New Well Change in Transporter of: **Transfer effective 7-1-65**

Existing Well Oil Dry Gas

Change in ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: **Schermerhorn Oil Corporation, P.O. Box 287, Tulsa, Oklahoma**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huston Unit Com	Well No. 1	Pool Name, including Formation Eumont - Queen	Kind of Lease State, Federal or Fee Fee
Location Unit Letter K 1830 Feet From The West Line and 1650 Feet From The South			
Line of Section 21 , Township 19S , Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate **None** Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas **El Paso Natural Gas Company** Address (Give address to which approved copy of this form is to be sent) **Box 1492, El Paso, Texas**

If well produces oil or liquids, give location of tanks. Unit **Sec. **Twp. **Rge. **Is gas naturally connected? **Yes** **When **February, 1955************

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	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.			
Foot	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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

C.M. Coulson
(Signature)
Manager, Production Division
(Title)
January 21, 1966
(Date)

DW:rw

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.