

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DATE	
FILE NO.	
OFFICE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Box 1737, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Effective 1-1-88

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name La Munyon Federal	Well No. 2	Pool Name, including Formation Langlie Mattix 7-Rivers Queen	Kind of Lease State, Federal or Free Federal	Lease No. LC030187
Location Unit Letter E	1980	Feet From The North	660	Feet From The West
Line of Section 21	Township 23S	Range 37E	, N.M.P.M., 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978				
If well is down oil or liquids, give location of tanks. Unit E	Sec. 21	Twp. 23S	Range 37E	Is gas actually compressed? Yes	When 4-8-59

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	Well over	Deepen	Plug Back	Other (specify)
Date Spun Off	Date Compl. Ready to Prod.	Total Depth	FWS, F.D.				
Revisions (DF, RAB, 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of oil able 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 (8 1/2"-in)	Casing Pressure (8 1/2"-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. Saw
(Signature)

Oil & Gas Accountant

1-12-88

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 13 1988, 19

BY Eddie W. Seay
Oil & Gas Inspector

TITLE

This form is to be filed in compliance with Rule 13.1.

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 facts taken on the well in accordance with Rule 13.1.

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

Fill out only Sections I, II, III, and VI for change of ownership or change of transporter or other such change of control. Separate Form O-104 must be filed for each pool in multi-