FILE U.S.G.S. LAND OFFICE	.W MEXICO OIL CONSURVATION COMMISSI: REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				Effective 1-	Thim C-104 Superacide Old C-104 and C-1, Effective 1-1-65	
OPERATOR 1. PRORATION OFFICE							
Apollo 011 C	0.						
Address							
Reason(s) for tiling (Check proper b	· · · · · · · · · · · · · · · · · · ·	Inc., P. C	Other (Plea		38240		
New Woll Recompletion	Change in Tran Oil	Dry Go		fective 5	5/1/ 7 7		
Change in Ownership	Casinghead Ga						
If change of ownership give name and address of previous owner	Coquina (Hil Corp., 4	18 Bldg of Sout	ihwest, Mi	dland, Tx. 797	01	
II, DESCRIPTION OF WELL ANI	D I DASE				M 0108997-B		
Lease Name	Well No. Pool	Name, including F	ormation	Kind of Lea	s e	Lease No.	
Farrell Federa	1 2 Cha	veroo San A	ndres	State, Feder	ol or Fee Pederal	above	
Unit Letter L ; 198	• Feet From The	South Lir	ne and 660	Feet From	The West		
28	78	Range	33E , NMP		Roosevel	County	
i. designation of transpo	RTER OF OIL AND	NATURAL GA	ıs				
Name of Authorized Transporter of C	or Conden		Address (Give address		oved copy of this form i	s to be sent)	
Mebil Oil Co. Name of Authorized Transporter of C	Casinghead Gas 0	r Dry Ges	Box 900, De		oved copy of this form i	s to be sent)	
Cities Service			Box 300, To				
If well produces oil or liquids, give location of tanks.	Unit Sec.	78 33E	Is gas actually connec	ted? Wi	6/7/66		
If this production is commingled v	with that from any oth	er lease or pool,	give commingling ord	er number:			
V. COMPLETION DATA	Oil Wel	Gas Well	New Well Workover	Deepen	Plug Back Same F	les'v. Diil. Res'v.	
Designate Type of Complet			Trans De-M		P.B.T.D.		
Date Spudded	Date Compl. Ready	to Pred.	Total Depth		P.B. 1.D.		
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations			L		Depth Casing Shoe		
	TUDING, CASING, AN		D CEMENTING RECORD DEPTH SET		SACKS C	EMENT	
HOLE SIZE	CASING & TI	JBING SIZE					
V. TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must be a	fier recovery of total vo	ume of load oil	l and must be equal to a	r exceed top allow	
OIL WELL		able for this de	pth or be for full 24 hou Producing Method (Flo	rs)		and the state of t	
Date First New Oil Run To Tanks	Date of Test		Floadenig Method (1.10	w, pep, g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Longth of Tost	Tubing Pressure		Casing Pressure		Choke Size		
Actual Pred. During Tool	Oil-Bbis.		Water-Bbls.		Gan-MCF	Gun - MCF	
				<u>.,</u>			
GAS WELL							
Actual Frod. Test-MCF/D	Longth of Tost		Bbls. Condensate/MMCF		Gravity of Condensate		
Westign Method (mind head up)							
Tanting kiethod (pitot, back pr.)	Tubing Brazansa (c)	history	Canina Pressure (ihu	t-in)	Choke Size		
tunding myster (f. myster broke)	Tubing Prossure (81	out-in)	Caulng Pressure (Lhu	t-in)	Choke Size		

TITLE _ This form is to be filed in compliance with RULE 1164.

APPROVED

BY.

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.

(Signatura)

(Data)

Agent 5 / 3 / 77

ORIG, SIGNED BY: DONNA HOLLER

If this is a request for allowable for a newly diffied or deepened well, this form much be accompanied by a tabulation of the deviction tests taken on the well in accordance with four of the

All positions of this form must be filled out couple toly for allow-this on new rad recompleted volta.

FHI out only fractions I. H. M. and VI for changes of awner, well name at number, or transporter, or other such change of condition.

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RECEIVED

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CL College Comm.