	HO, OF COFIES BELLIVED	1										
	DETRIBATION	EW MEXICO OIL CONSURVATION COMMISS!				acti	PN - 42 Age					
	SANTA PA	~[REQUEST FOR ALLOWABLE				Poim C+104 Successedos Or	14 C-104 and C-1				
	FILE	AND					Effective 1-1-					
	U.S.G.5,	- A117	U001747	10M TO TO		LIA TULIO A I	CAC					
	LAND OFFICE	-	HURITANI	ION TO TRA	ANSPORT OIL AND	NATORAL	CV2					
		-{										
	TRANSPORTER OIL											
	GAS	-{										
	OPERATOR	4										
1.	PROBATION OFFICE	<u>.l</u>					······					
	Operator											
	Apolle Oil Co.											
	Address											
	% Oil Reports & MRs Services, Inc., P. O. Box 763, Hobbs, N. M. 88240											
	Reason(s) for filing (Check proper box) Other (Please expluin)											
	New Woll	Change	In Transpo	rter of:	,, l							
	Recompletion	Oil		Dry G	as []							
	Change in Ownership	Casing	head Gas [Conde	nsate [] Effe	ctive 5/1	<i>/</i> 77					
	If change of ownership give name											
	and address of previous owner	Cogi	11.Ha (1.)	COPP., 4	118 Bldg. of Sou	torest, M	1dland, 72. 197 PM 01989	01				
RI.	DESCRIPTION OF WELL AND	LEASE	o Dool Na	ne, Including F	'ormation	Kind of Leas		Lease No.				
	Lease Name Farrell Federal	1	1 .	roo San A		1	al or Fee Federal	above				
			OMETE	TOO DAM A	LIMAL VV	John Color	3.01.02 3.00 MT	20014				
	Location			South	1980		West					
	Unit Letter;	Feet F	rom The	Li	ne and	Feet From	The					
	29	79			33E NMPN		Roosevelt					
	Line of Section 28 To	waship 78		Range	, NMPN	<u>(,</u>	WAGGE 1 47 1	County				
11.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Mebil Pipe Line	or	Condensate	ATURAL GA	Box 900, Da	llas, Tx.						
•	Name of Authorized Transporter of Casinghead Gas \chi or Dry Gaa 🗔 Cities Service Oil Co.				Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Ck. 74102							
			oc. Tw	p. P.ge.	Is gas actually connect	ed? Wh						
	If well produces oil or liquids,	,	•	33E	Yes	i	6/7/66					
	If this production is commingled wi	th that from	any other 1	ense or pool,	give comminging orde	r number:						
٧.	COMPLETION DATA		Oli Well	Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Uif. Res'v.				
	Designate Type of Completic	on - (X)	1	; 1	1 1	; •	1 1					
			Ready to F	rod.	Total Depth		P.B.T.D.					
	Date Spudded Date Compl. Ready to Prod.				1							
	A Deal of Consultan			Top Oil/Cas Pay		Tubing Depth						
	Elevations (Dr., RKB, RT, GR, etc.)	Revutions (DF, RKB, RT, GR, etc.) Name of Producing Formation		,,		1						
				<u>.l</u>		Depth Casing Shoo						
	Perforations		•				Bepin Guanty chief					
					,							
			TUBING,	CASING, AND	D CEMENTING RECOR	RD						
	HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT					
		<u> </u>										
U	TEST DATA AND REQUEST F	OR ALLOW	ABLE (Test must be a	ifter recovery of total volu	me of load oil	and must be equal to or	exceed top allow				
N .	OH, WELL	able for this de	opth or be for full 24 hours)									
į	Date First New Oil Run To Tanks	Date of Tes	t		Producing Method (Fleu	Producing Mothed (Flow, pump, gas lift, etc.)						
i												
ļ	Longth of Tost	Tubing Free	Buto		Casing Prossure		Choke Size					
l	-											
	Actual Pred, During Tool	Oil - Bbls.			Water- Lible.		Gan - MCF					

GAS WELL,
Actual Fred, Test-MCF/D Gravity of Condensate Langth of Tost Bbls. Condensate/MMCF Casing Pressure (Bhut-in) Choke Size Tubing Pressure (Shut-in) Tenting kiethed (pitot, back pr.)

T. CERTIFICATE OF COMPLIANCE

I hereby cartify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above in true and complete to the best of my knowledge and belief.

OBIC! SICKED BAT DOWNY HORTI	ER.
(Signature)	THE ASSESSMENT OF PROPERTY OF THE PROPERTY OF
Agent	. White water the desired delice is also well with the second of the second second is a second secon
(Titla)	
5/3/77	
(Data)	
	(Signature) Agent (Pitts) 5 / 3 / 77

OIL CONSERVATION COMMISSION

APPROVED	30,54) 8	沙		 19	
TY		Orig.	Signed by	 	_
. / 1	**************************************	Jerry	Sexton		
TITLE		Dist	1. Supv.	 	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly dillied or decrened well, this form much be accompanied by a tabulation of the deviction tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out considerely too allow-this on new and accompleted violls.

FIH out only factions I, H, III, and VI for changes of owner, will name or number, or transporter, or other such change of acadities.

•

RELIENTED COMM.