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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

Operator Apollo Oil Co.	
Address % Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, N. M. 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☒	Effective 5/1/77
If change of ownership give name and address of previous owner Ceguina Oil Corp., 418 Bldg. of Southwest, Midland, Tx. 79701	

II. DESCRIPTION OF WELL AND LEASE				NM 0108997-B	
Lease Name Farrell Federal	Well No. 6	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. above	
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 28 Township 7S Range 33E , NMFM, Roosevelt County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line			Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Tx. 75221			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Oil Co.			Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Ok. 74102			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28	Twp. 7S	Rge. 33E	Is gas actually connected? Yes	When 6/7/66

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res'tn.	Diff. Res'tn.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, 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			

VI. 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 (shut-in)		Casing Pressure (shut-in)		Choke Size	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____ MAY 4 1977 BY _____ Don J. Rudy TITLE _____	
PRG. SIGNED BY: DONNA HOLLER (Signature) Agent 5 / 3 / 77 (Date)		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 deepened wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	

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