

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROMOTION 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-110
Effective 1-1-65

Operator Apelle Oil Co.	
Address % Oil Reports & Gas Services, Inc., P. O Box 763, Hobbs, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	Effective 5/1/77

If change of ownership give name and address of previous owner **Coquina Oil Corp., 418 Bldg. of Southwest, Midland, Tx. 79701**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Farrell Federal	Well No. 14	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0108997-B
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 28 Township 7S Range 33E , NMPM, Roosevelt County				

I. 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:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Unif. Restv.
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		

III. 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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.

[Signature]
(Signature)
Agent
(Title)
5 / 3 / 77
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	MAY 4 1977 , 19
BY	Jerry Senter Dir. of Supv.
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 deviated tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable even if not completed.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	

RECEIVED

MAY 3 1977

OIL CONSERVATION COMM.
HOBBS, R. M.