

DISTRIBUTION	
SALES	
FILE	
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LEASE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator JOE E. BROWN	
Address BOX 545 LOVINGTON, NEW MEXICO 88260	
Reason(s) for filing (check proper box)	
New Well ☐	Change in Transporter or: ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **APOLLO OIL COMPANY BOX 1737 HOBBS, NEW MEXICO 88240**

Lease Name FARRELL FEDERAL	Well Name or Name, Including Formation 12 CHAVEROO - SAN ANDRES	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 0108997-A
Location			
Unit Letter G	1980 Feet From The N Line and	1980 Feet From The E	
Line of Section 28	Township 7-S	Range 35-E	ROOSEVELT County

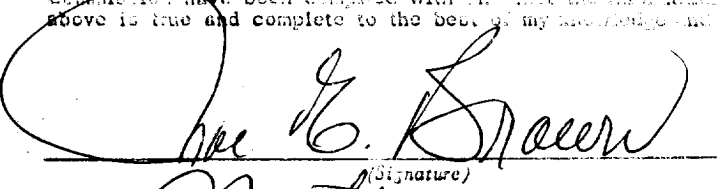
Name of Authorized Transporter of Oil ☒ or Condensate ☐ NAVAJO REFINING COMPANY		Address (Give address to which approved copy of this form is to be sent) BOX 175 ARTESIA, NEW MEXICO 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ CITIES SERVICE COMPANY		Address (Give address to which approved copy of this form is to be sent) BOX 300 TULSA, OKLAHOMA 74102	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28	Range 35-E
			Is gas actually connected? YES

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Unit Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RAB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforation		Depth Casing Shoe							
MUD SIZE									
DEPTH SET									
BRICKS CEMENT									

Date First New Oil Run To Tank		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	

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the well 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 FEB 9 1981	
 (Signature) Operator (Title) 2-5-81 (Date)		BY Jerry Sexton Dist. 1. Supt.	
		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 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 recompleted 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.	
		Separate Forms C-104 must be filed for each pool in multiple	