

OIL CONSERVATION DIVISION

P. O. BOX 7000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	
DIVISION	
SANTA FE	
FILE	
U.S. GEOLOGICAL SURVEY	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PERMITS OFFICE	
DATE	

APOLLO ENERGY, INC.

Address

P. O. BOX 5315 HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☐

Leasinghold Gas ☐

Condensate ☐

Effective October 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name M. H. McGrail	Well No. 2	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 5	Township 9S	Range 30E	NMPM, Chaves	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
BOON OIL COMPANY	1725 N. GRIMES HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of Gas, Lease Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Test Temp. Type Is gas actually connected? None

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

COMPLETION DATA

Designate Type of Completion - (1)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Ream Restored	Prod. Restored
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DT, AKB, RI, CR, 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

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	Casing Size
Actual Prod. During Test	Water-Cut	Water-Test	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Water Condensate/MCF	Gravity of Condensate
Testing Method (flow, back prod)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Casing Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

Vice President
(Title)

October 1, 1983
(Date)

OIL CONSERVATION DIVISION

OCT 5 1983

APPROVED _____, 12

ORIGINAL SIGNED BY EDDIE SEAY

BY

OIL & GAS INSPECTOR

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 name, ownership, or transporter, or other such change of conditions.

Separate Form O-101 must be filed for each pool in multiple completed wells.