

OIL CONSERVATION DIVISION

P. O. BOX 20811

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Address

Box 1737, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 12-1-86

If change of ownership give name
and address of previous owner

Cities Service Oil & Gas Corporation

DESCRIPTION OF WELL AND LEASE

Lease State	Well No.	Pool Name, Including Formation	Lease No.	State	Lease No.
State 'AE'	1	Lovington Abo		State	E-7766
Location					
Unit Letter	M	330	Feet From The	South	Line and
Line of Section	36	Township	16S	Range	36E
					Lea

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)					
Texas-New Mexico Pipeline Company	Box 2528, Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Company	401 Penbrook, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually collected?	When
	L	36	16S	36E		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Re-completer	Deepen	Full Production
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Running Depth			
Perforations						Depth, Perforation

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

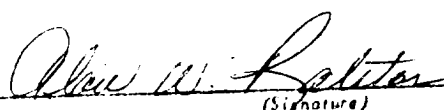
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of initial volume of well oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (From, To, and off, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Ftts.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke 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)

Owner

(Date)

12-11-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 20 1987 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with rules of the

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 allow-
able on new and recompletion wells.Fill in only Sections I, II, III, and VI for change of own-
er, well name, number, or transporter or other such change of consid-
erable nature. These data must be filled for each pool in which