

OIL CONSERVATION DIVISION

P. O. BOX 2080

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 Name State 'AE'	Well No. 2Y	Pool Name, including Formation Lovington Abo	State, Federal or Lec State	Lease E-7766
Location Unit Letter L 1420 Feet From The South Line and 990 Feet From The West 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 ☐ Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this permit is to sent) Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this permit is to sent) 401 Penbrook, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 36 16S 36E
Is gas actually compressed?	When Yes 9-2-68

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	Workover	Deepen
Date Opened	Date Compl. Ready to Prod.	Total Depth	Testing Depth		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Le, in Casing		
Formation					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAFETY

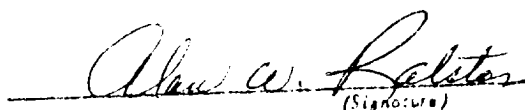
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of fluid and must be equal to or exceed top oil
able for this depth or 12 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check Site
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)	Check Site

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

12-11-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 20 1987

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 down-
hole tests taken on the well in accordance with rules of the
All sections of this form must be filled out completely for a well
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of own-
er, well name or number, or transporter, or other such change of condi-
tion. Form C-104 must be filed for each well in which