

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Box 1737, Hobbs, N.M. 88240

Person(s) for filing (Check proper box)

New Well ☐

Change In Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change In Ownership ☒Casinghead Gas ☐Condensate ☐

Other (Please explain)

Effective 4-1-86

If change of ownership give name
and address of previous owner

Amoco Production Company, Box 68, Hobbs, N.M. 88240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
State E Tract 18	22	Lovington ABO	State, Federal or Lec State	B-1553				
Location								
Unit Letter	G	1650 Feet From The North	Line and	1650 Feet From The East				
Line of Section	2	To Township	17S	Range	36E	North	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DISPOSAL WELL

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead 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	Sec.	Twp.	Rge.	Is gas actually collected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Re-Work	Deepen	Plug Back	Drill Through	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		FAB/DI			
Elevations (DI, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Length			
Perforations					Depth Case / Depth			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

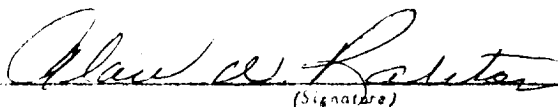
(Test must be after recovery of total volume of load on and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 (flow, 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)

4-11-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 15 1986

19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the previous
tests taken on the well in accordance with RULE 11.1.All sections of this form must be filled out completely for allow-
able 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 condi-