

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.D.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Apollo Oil Company

Address
Box 1737, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Effective 10-1-85
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner Apollo Energy, Inc., Box 5315, Hobbs, N.M. 88241

DESCRIPTION OF WELL AND LEASE

Lease Name C. S. Caylor	Well No. 3	Pool Name, including formation Lovington-Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C	660	Feet From The North	Line and 1887	Feet From The West
Line of Section 6	Township 17S	Range 37E	N.M.P.M.	Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-N.M. Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 1160 Adams Bldg., Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 6	Twp. 17S	Rge. 37E	Is gas actually collected? Yes	When N/A

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	Plug Block	Same Well, Full
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.		
Elevations (DT, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Length		
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 liquid 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	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.

OIL CONSERVATION DIVISION

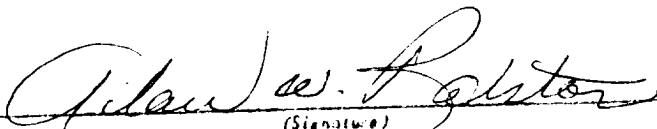
OCT 10 1985

APPROVED _____, 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 deviated tests taken on the well in accordance with RULE 11.1.
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 conditions. Separate Form C-104 must be filed for each pool in multiple


(Signature)

Owner

10-1-85

(Date)

RECEIVED

OCT -9 1985

O.C.D.
HOBBS OFFICE