

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
REGISTRATION OFFICE	
CHIEF OF BUREAU	

Apollo Oil Company

Address

Box 1737, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Condensate Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Delete "Com" as per request of
Commissioner of Public Lands.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Shell State	Well No.	1	Pool Name, including Formation	Eumont	State, Federal or Free State	State		
Location	Unit Letter	C	990	Feet From The	N	Line and	1650	Feet From The	W
Line of Section	6	Township	19S	Range	37E	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)					
Scurlock Oil Company	Box 4648, 3 Allen Center, Houston, Texas 77210					
Name of Authorized Transporter of Condensate Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Company	Box 2300, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually transported?	When
	C	6	19S	37E	Yes	5-12-80

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

COMPLETION DATA

Designate Type of Completion - (A)	Oil Well	Gas Well	New Well	Recompletion	Recompletion	Recompletion	Recompletion
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Test Depth	Test Depth	Test Depth	Test Depth	Test Depth
Flow Rate (HP, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth	Testing Depth	Testing Depth	Testing Depth	Testing Depth
Perforations			Depth Casing Shoe	Depth Casing Shoe	Depth Casing Shoe	Depth Casing Shoe	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 greater than 100 bbl. for this depth or be for full 24 hours)

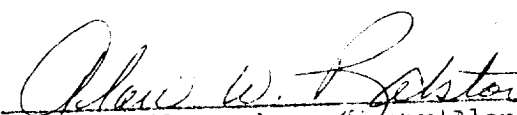
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.


Apollo Oil Co. by: (Signature) Alan W. Ralston
Owner

(Title)

11-14-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 19 1985**, 19BY **Eddie W. Seay**
TITLE **Oil & Gas Inspector**

This form is to be filed in compliance with rules 10-1-78.

If this is a request for allowable for a newly drilled or drilled well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 101.

All sections of this form must be filled out completely for allowables on new and recompleted wells.

Only sections I, II, III, and VI for changes of form will require completion of a completed or other such change of ownership. Form C-104 must be filled for each year for a well.

RECEIVED

NOV 18 1985

G.C.D.
HOBBS OFFICE