

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

VEHICLE REGISTRATION	
DISTRIBUTION	
SANTA FE	
FILE	
VEHICLE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	County of Lease	State
Shell State Com.	1	Eumont		
Location	Unit Letter	Feet From The	Line and	Feet From The
	C	990	N	1650
	Line of Section	Township	Range	Lea
	6	19S	37E	

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 Casinghead 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 coming out?	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 - (X)	Oil Well	Gas Well	New Well	Workover	Recompletion	Plug Back	Other (Specify)
Date Spud	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.				
Elevations (D.F., R.R.E., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
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 1 bbl 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/ABMCF	Gravity of Condensate
Testing Method (piston, 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)

6-11-84

(Date)

OIL CONSERVATION DIVISION

APPROVED

JUN 12 1984

BY

Eddie W. Seay

TITLE

Oil & Gas Inspector

This form is to be used in compliance with N.M.C. 1-1-1.

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 N.M.C. 1-1-1.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 well.Separate Form C-104 must be filled for each pool in multi-
completed wells.