

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Apollo Energy, Inc.

Address
P. O. Box 572, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☒
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Aztec "36" State	1	Jalmat	State, Federal or Fee State	L-6806

Location

Unit Letter I ; 2200 Feet From The South Line and 330 Feet From The EastLine of Section 36 Township 22S Range 35E , N.M.P.M. Lea Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐Western Crude Oil, Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1142, Midland, Texas 79702Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook St. Odessa, Texas 797

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	36	22S	35E	Yes	1/6/82

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 Back	Same Fresh	Other
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
evations (DE, RAB, RF, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
erforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

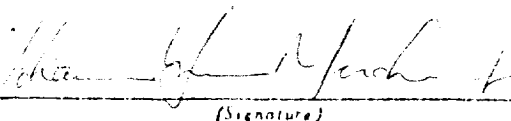
TEST DATA AND REQUEST FOR ALLOWABLE
L WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

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

S WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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
is true and complete to the best of my knowledge and belief.

Consulting Engineer

(Date)

January 9, 1982

(Date)

OIL CONSERVATION DIVISION

JAN 13 1982

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1105.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.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 condition.
Separate Form C-104 must be filed for each pool in multiple