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U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator: Apollo Oil Company

Address: c/o Oil Reports & Gas Services, Inc., Box 765, Hobbs, N.M. 88240

Reason for Filing: Effective 10/1/73

Recompletion: X

If change of ownership give name and address of previous owner: Skelly Oil Co., Box 730, Hobbs, N. M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Joseph Akers	1	Thistle Harmon	Fee	

Unit Letter	Feet From The	Line	Feet From The	Line	Section	Township	Range	County
U	660		660		West			
3		21 S		36 E			Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: X — Address (Give address to which approved copy of this form is to be sent): Arco Pipeline Company, Box 1430, Wichita Falls, Texas 76307

Name of Authorized Transporter of Casinghead Gas or Dry Gas: X — Address (Give address to which approved copy of this form is to be sent): Phillips Petroleum Company, Bartlesville, Oklahoma

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	U	3	21S	36E	Yes	8/24/54

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

IV. COMPLETION DATA

	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion:								

Date Spudded: | Date Compl. Ready to Prod.: | Total Depth: | P.B.T.D.: | Elevations (DF, RKB, RT, GR, etc.): | Name of Producing Formation: | Top Oil/Gas Pay: | Tubing Depth: | Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

Hole Size	Casing Size	Weight	Depth Set	Sacks Cement

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

OIL WELL

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:

Testing Method (pitot, back pressure, etc.): | Tubing Pressure (Shut-in): | Casing Pressure (Shut-in): | Choke Size:

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Agent

10/23/73

OIL CONSERVATION COMMISSION

APPROVED: 19

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.