

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

TO: OFFICE DIRECTOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Apollo Oil Company  
Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241  
Reason(s) for filing (Check proper box)  
☐ New Well ☒ Change in Transporter of:  
☐ Recompletion ☒ Oil ☐ Dry Gas  
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain)  
Effective 1/85

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>La Munyon Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Langlie Mattix SRO</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-030187</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>23S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texaco Trading &amp; Transportation, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1142, Midland, Texas 79702</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>21</u>
	Twp. <u>23S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u> When <u>3/25/59</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

[Signature]  
(Signature)

Agent  
(Title)

3/28/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR - 1 1985, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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, this form 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.