

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
FORMATION OFFICE	
OPERATOR	

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 ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 1-1-83

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name La Munyon Federal	Well No. 2	Pool Name, Including Formation Langlie Mattix 7-Rivers Queen	Kind of Lease State, Federal or Free Federal	Lease No. LC03018
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 21 Township 23S Range 37E Lea				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Getty Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) Box 5568, Denver, Colorado 80217					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 21	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When 4-8-59

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 ☐	Deepen ☐	Perforated ☐	Stimulated ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Well ID		
Completion (DE, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

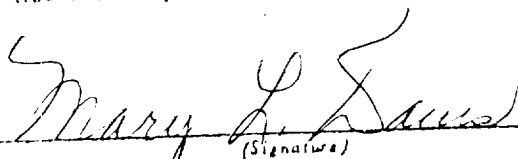
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of
oil well)

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/MMCF	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.
(Signature)

Oil & Gas Accountant

1-8-83

(Date)

OIL CONSERVATION DIVISION

JAN 11 1983

APPROVED _____, 19

ORIGINAL SIGNED BY

BY **JERRY SEXTON**TITLE **DISTRICT 1 SUPR.**

This form is to be filed in compliance with Rule 1-1.1.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the day
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of a
well name, or number, or transporter, or other such change of data.
Form C-104 must be filed for each pool in the