

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Address

Box 1737, Hobbs, N.M. 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)

Effective 10-1-82

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 Fee Federal	Lease No. LC030187
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 21 Township 23S Range 37E NMPM, Lea County				

SIGNATURE 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) Box 1143, Midland, Texas 79702					
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	Plug Back	Same Hole	Drill Hole
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Conditions (DF, REB, 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
OIL WELL

(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 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/MCF	Gravity of Condensate
Testing Method (pitot, 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

(Title)

9-8-82

(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 10 1982**, 19BY **Eddie W. Long**
TITLE **OIL & GAS INSPECTOR**

This form is to be filed in compliance with RULE 1001.

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 1011.

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 Form C-104 must be filed for each pool in multiple completion wells.

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