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U.S.C.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PROVATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Apelle Oil Company
Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
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 1/1/78**

If change of ownership give name and address of previous owner **Burk Gas Corp., 800 Oil & Gas Bldg., Wichita Falls, TX 76301**

II. DESCRIPTION OF WELL AND LEASE

Lease Name La Munyon Federal	Well No. 3	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030187
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 21 Township 23 S Range 37 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St., Omaha, Nebr.			
If well produces oil or liquids, give location of tanks. E 21 23 S 37 E	Unit E	Sec. 21	Twp. 23 S	Rge. 37 E
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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	☐ Oil Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Res'tv.	☐ Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RNB, 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		

V. 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/MMCF	Gravity of Condensate
Testing Method (pump, back pr.)	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.

ORIG. SIGNED BY: DONNA HOLLER

(Signature)

Agent

(Title)

2/21/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 22 1978**, 19_____
BY _____
Orig. Signed by
John Runyan
Geologist
TITLE _____

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