

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OTHER PERMITS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	
Operator	

Apollo Oil Company

Address

Box 1737, Hobbs, New Mexico 88240

Person(s) for filing (Check proper box)

New Well ☐Completion ☐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. 4	Pool Name, including Formation Langlie Mattix 7-Rivers Queen	Kind of Lease State, Federal or P. Federal	Lease No. LC03018
Location Unit Letter C ; 660 Feet From The North Line and 1981.4 Feet From The West Line of Section 21 Township 23S Range 37E , NMML , Lea County				

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	Plug back	Same Well - Different
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B. T.D.		
Completion (DE, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

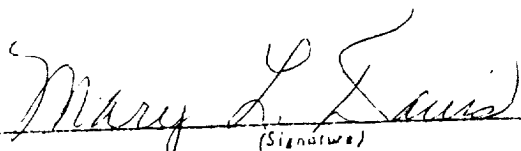
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

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 (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.

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 1-101.

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 1-111.All sections of this form must be filled out completely for
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of con-
secutive Form C-104 must be filed for each pool in no

RECEIVED
JAN 10 1983
G.C.O.
HOSEA OFFICE