

DISTRIBUTION  
TA FE  
G.S.  
D OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

NEW MEASUREMENTS  
OIL CONSERVATION COMMISSION  
ALLOWABLE  
AUTHORIZATION OF PRODUCTION OF OIL AND NATURAL GAS

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

I. OPERATOR  
Operator  
Apollo 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 ☐  
Recompletion ☐  
Change in Ownership ☒  
Change in Transporter ☐  
Oil ☐  
Casinghead Gas ☐  
Effective 1/1/74

If change of ownership give name and address of previous owner  
Standard Production Co., Route 2, Box 183-S, Lubbock, Texas 79417

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Brown  
Location  
Unit Letter F  
1980 Feet From The North  
Line of Section 25 Township 25 S  
Well No. 1 Pool Name Jalmat  
Kind of Lease  
State, Federal or Fee  
Lease No.  
Fee  
2310 Feet From The West  
36 E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate  
The Permian Corporation  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas  
If well produces oil or liquids, give location of tanks.  
Unit F Sec. 25 Twp. 25S R. 36E  
If this production is commingled with that from any other lease, give name of other lease.

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded  
Date Compl. Ready to Prod.  
Elevations (DF, RKB, RT, GR, etc.)  
Name of Producing Formation  
Perforations  
TUBING, CASING, AND CEMENT  
HOLE SIZE  
CASING & TUBING SIZE  
Workover  
Deepen  
Plug Back  
Same Restv.  
Diff. Restv.  
P.B.T.D.  
Tubing Depth  
Depth Casing Shoe  
CING RECORD  
DEPTH SET  
SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  
Date First New Oil Run To Tanks  
Date of Test  
Length of Test  
Tubing Pressure  
Actual Prod. During Test  
Oil-Bbls.  
Test Method (Flow, pump, gas lift, etc.)  
Choke Size  
Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D  
Length of Test  
Testing Method (pitot, back pr.)  
Tubing Pressure (shut-in)  
Density/MMCF  
Gravity of Condensate  
Pressure (shut-in)  
Choke Size

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.  
Signature  
Agent  
1/25/74  
Date  
OIL CONSERVATION COMMISSION  
RECEIVED  
19  
This form is to be filed in compliance with RULE 1104.  
This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation 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, name or number, or transporter, or other such change of condition.