

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Box 1737, Hobbs, New Mexico 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 1-1-83

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
Brown Acct. 1	3	Jalmat	State, Federal or Fee		
Location	Unit Letter	Feet From The	Line and	Feet From The	
	C	365	North	1650	West
Line of Section	Township	Range	Lea	Count	
25	25S	36E			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Getty Trading and Transportation	Box 5568, Denver, Colorado 80217
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: C Sec: 25 Twp: 25S Rge: 36E	Yes 12-3-74

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	Refracture	Side track	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
References			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	Casing Pressure	Choke Size	
Actual Prod.	Water - BBls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	BBls. Condensate/MCF	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

OIL CONSERVATION DIVISION
JAN 11 1983

APPROVED _____, 19____

BY _____

TITLE _____

ORIGINAL SIGNED BY
JERRY SEXTON
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 111.All sections of this form must be filled out completely for a
table 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-
dition. This form must be filed for each pool in no

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