

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Oil Company

Address

Box 1737, Hobbs, New Mexico 88240

Reason(s) for Filing (Check proper box)

New Well ☐Recompletion ☐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	Well No.	Pool Name, Including Location	State, Federal or Fee	Fee	Lease No.
Brown	2	Jalmat			
Location					
Unit Letter	D	330 Feet From The	North	Line and	825 Feet From The
Line of Section	25	Township	25S	Range	36E
					Lea

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.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	D	25	25S	36E	Yes	12-21-75

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, or other work (If all, so)
Date Spudded	Date Compl. Ready to Prod.	Total Depth		M.B. 100'		
Revisions (DF, RAH, RT, CR, etc.)	Name of Producing Formation	Tip Off 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or better full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Initial Pressure	Choke Size
Actual Prod. During Test		Intermittent	GLU-MCF

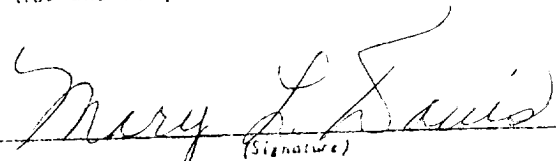
ILLEGIBLE

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	BEI, 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.


(Signature)

Oil & Gas Accountant

1-8-83

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 11 1983

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BY

ORIGINAL SIGNED 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 portions 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, number, or transporter or other such change of name or number). One form must be filed for each pool in no

RECEIVED
JAN 10 1983
O.C.D.
MOBBS OFFICE