

1.

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)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transportation	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
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		Well No.	Pool No.	Kind of Lease		Lease No.
Brown		2	Jalmat	State, Federal or Fee Fee		
Location				825 Feet From The West		
Unit Letter D ; 330 Feet From The North				36 E , NMPM, Lea County		
Line of Section 25 Township 25 S						

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				77001 (address to which approved copy of this form is to be sent)	
The Permian Corporation				Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Drilling Gas <input type="checkbox"/>				(address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Range	Is well connected?	When
	D	25	25 S 36 E	No	

If this production is commingled with that from another well, give name and location of other well.

If this production is commingled with that from any other lease, COMPLETION DATA

IV. COMPLETION DATA

COMPLETION DATA		Oil Well	Water Well
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			
HOLE SIZE	CASING & TUBING SIZE		

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.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information above is true and complete to the best of my knowledge and belief.

Ken Hill
(Signature)

Agent

(Title)

1/28/74

(Date)

OIL CONSERVATION COMMISSION

IVEC

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0-4 5-9 10-14 15-19

Re D. Bailey

Dist. I, Supv.

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 allow-
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.