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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseded by C-104 and C-110
Effective 1-1-65

I. Operator
Apelle 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 ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Filed to correct omission of oil transporter
If change of ownership give name and address of previous owner _____

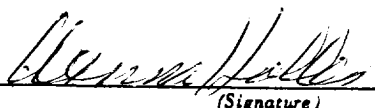
II. DESCRIPTION OF WELL AND LEASE 10-060941
Lease Name **Federal A** Well No. **2** Pool Name, including Formation **Langlie Mattix** Kind of Lease **Federal** Lease No. **above**
Location
Unit Letter **B** **430** Feet From The **North** **2310** Feet From The **East**
Line of Section **14** Township **25S** Range **37E** **1** NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)
Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **14** Twp. **25S** Rge. **37E** Is gas actually connected? **Yes** When **5/18/59**

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number: _____
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Sand Pump Diff. Restv.
Date Spudded _____ Date Compl. Ready to Prod. _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENT DATA
HOLE SIZE _____ CASING & TUBING SIZE _____ CEMENT SET _____ SACKS _____

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be performed on a well producing oil and must be approved by the Commission)
Date First New Oil Run To Tanks _____ Date of Test _____
Length of Test _____ Tubing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Gas - MCF _____

GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate - MCF _____ Gravity of Condensate _____
Testing Method (pitot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. 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
(Title)
2/20/75
(Date)
OIL CONSERVATION COMMISSION
APPROVED **FEB 24 1975**
BY **J. E. D. Ramsey**
DIST. I, S.W.
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable for new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.