

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C
Supersedes C-104 and C-110
Effective 1-1-66

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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Effective **2/1/75**

If change of ownership give name and address of previous owner Johnson & French Oil Company, Box 102, Jal, New Mexico 88252

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal A		Well No. 2	Pool Name, Including Formation Langlie Mattix	Kind of Lease State, Federal or Fee	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	
					Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.					Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is well directly connected?	When
					Yes	5/18/59

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be made for lead oil and must be acceptable for this application.)

Date First New Oil Run To Tanks	Date of Test	Note for this a	
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	Submergence Depth (ft)	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Choke Setting (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]
(Signature)

Agent

(Title)

2/13/75

(Date)

OIL CONSERVATION COMMISSION

APR 25 1950

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This form is to be filed in compliance with Rule 1005a.

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 11.

* All sections of this form must be filled out completely for allowable and recompleted wells.

Use only Sections I, II, III, and VI for changes of owner, warehouse or number, or transporter, or other such change of condition.