

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-100  
Supersedes C-104 and C-110  
Effective 1-1-58

I.

Operator <b>Apollo Oil Company</b>	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) <b>File to correct omission of oil transporter</b>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal A</b>	Well No. <b>1</b>	Pool Name, including Forest <b>Langlie Mattix</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>above</b>
Location Unit Letter <b>A</b> ; <b>560</b> Feet From The <b>North</b> line and <b>330</b> Feet From The <b>East</b> Line of Section <b>14</b> Township <b>25S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1492, El Paso, Texas 79999</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>14</b>	Twp. <b>25S</b>	Rge. <b>37E</b>
				When <b>11/17/58</b>

If this production is commingled with that from any other lease or pool give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Refractured	Deepen	Plug Back	Seal in	Diff. Res'tv.
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 Set				
TUBING, CASING, AND CEMENT							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT SET		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	(Test must be made on a new well and must be approved by the Commission before this date)	
Length of Test	Tubing Pressure	(Give details of test, pump, gas lift, etc.)	
Actual Prod. During Test	Oil - Bbls.	Choke Size	
		Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Barrel - MCF/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.

*Heinrich Koller*

(Signature)

Agent

(Title)

2/20/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY \_\_\_\_\_ Orig. Signed by

Joe D. Ramey

TITLE \_\_\_\_\_ Dist. I, Supv.

This form is to be filed in compliance with RULE 10.4.

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 10.1.

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, acreage, number, or transporter, or other such change of condition.