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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 O-1
Supersedes O-104 and C-110
Effective 1-1-65

I. 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 ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ **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. **1** Pool Name, including Former **Langlie Mattix** Kind of Lease **Federal** Lease No. **10-060941**
Location **Unit Letter A** **560** Feet From The **North** **330** Feet From The **East**
Line of Section **14** Township **25S** Range **37E** NMPM, **Lee** County

III. 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)
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 Co. **Box 1492, El Paso, Texas 79999**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. **Yes** When **11/17/58**

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well
Date Spudded Date Compl. Ready to Produce
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation
Perforations
TUBING, CASING, AND CEMENT
HOLE SIZE CASING & TUBING SIZE
SACKS

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after completion of well and must be sealed and plugged within 24 hours)
Date First New Oil Run To Tanks Date of Test
Length of Test Tubing Pressure
Actual Prod. During Test Oil - Bbls. Choke Size
Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test
Testing Method (pitot, back pr.) Tubing 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.

Agent

2/13/75

(Date)

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 10-1-104.
When this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of deviation tests taken on the well in accordance with RULE 10-1-104.
All sections of this form must be filled out completely for allowable for new and recompleted wells.
Only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.