

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 07501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
CLASSIFICATION	
DATE	
OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

APOLLO ENERGY, INC.

P. O. BOX 5315, HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 for completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

EFFECTIVE DATE MARCH 17, 1983

Change of ownership give name
 and address of previous owner

Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Lease Name BASKETT D	Well No. 5	Pool Name, Including Formation CATO SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
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Well Letter J, 1980 Feet From The SOUTH Line and 1980 Feet From The EAST

Section 11 Township 8 Range 30, NMPM, CHAVES County

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)

Mobil Pipeline Co. Proration Department P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

Cities Service Oil Company P. O. Box 4906, Midland, Texas 79702

Does well produce oil or liquids, and location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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If production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion -- (X)	Oil well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'tv. Infl. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Conditions (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Res'tvations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Initial New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

TEST WELL

Initial Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Upham J. Merchant
 (Signature)

Vice President (Title)

March 17, 1983

OIL CONSERVATION DIVISION

APPROVED **MAR 30 1983**
 ORIGINAL SIGNED BY **EDDIE SEAY**

BY **OIL & GAS INSPECTOR**

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for charges of ownership or other such charges of ownership.