

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Apollo Energy, Inc.

Address
P. O. Box 779 Goldsmith, Texas 79741

Reason(s) for filing (Check proper box)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:

Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain)

If change of ownership give name and address of previous owner: Rhonda Operating Co. 500 N. Loraine Suite 1000 Midland, Tx 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "H" State	Well No. 9	Pool Name, including Formation Cato Field / San Andres	Kind of Lease State, Federal or Fee State	Lease No. K3259
Location				
Unit Letter <u>L</u> : 1980 Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section 16 Township 8S Range 30E, NMPM, Chaves 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"/> Navajo Ref.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corp.	Address (Give address to which approved copy of this form is to be sent) Attn: NGL Gas Contacts P.O. Box 300 Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 8S	Rge. 30E
	Is gas actually connected? Yes		When 8-1-68	

If this production is commingled with that from any other lease or pool, give commingling order number: No

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)

Project Engineer
(Title)

13 July 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 10 1987, 19

BY ORIGINAL SIGNED BY JERRY SEFTON
DISTRICT I SUPERVISOR

TITLE

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 on 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. 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)

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

GAS WELL

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

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