

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
OPERATOR	
TRANSPORTER	
OPERATION OFFICE	

APOLLO ENERGY, INC.

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:
Oil Dry Gas
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	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
CROSBY G	1	CATO SAN ANDRES	FEE	

Location

Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST

Line of Section 9 Township 8 Range 30, NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Mobil Pipeline Co. Proration Department Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Cities Service Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 4906, Midland, Texas 79702

Well produces oil or liquids, Unit Sec. Twp. Rge.

Is gas actually connected? When

If this 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	Same Res'ty.	Diff. Res'ty.
<input checked="" type="checkbox"/>								
Completed	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Locations (DF, R.A.B, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Iterations				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)

First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Oil Prod. During Test Oil-Bble. Water-Bble. Gas-MCF

NEW WELL

Oil Prod. (Test)-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate

Casing Method (prior, back pt.) 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 is true and complete to the best of my knowledge and belief.

[Signature]
Vice President

March 17, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 30 1983, 19
BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE 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 previous 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 change of owner, well name or number, or transporter, or other such change of permit.
Separate forms C-104 must be filed for each pool in multiple completed wells.



885
MAR 29 1983
HOBBS OFFICE

RECEIVED
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O.C.D.
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