

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-31-78  
Format 06-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator <b>APOLLO ENERGY, INC.</b>	
Address <b>P. O. Box 5315 Hobbs, New Mexico 88241</b>	
Person(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Gas <input type="checkbox"/> Condensate Change of well name Effective May 1, 1986

If change of ownership give name and address of previous owner Union Texas Petroleum Corp., 1300 Wilco Bldg., Midland, Texas 79701

## II. DESCRIPTION OF WELL AND LEASE

Lease Name (Prev. Crosby '17')	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
UT Crosby '17'	2	Cato (San Andres)	State, Federal or Fee Fee	
Location				
Unit Letter	J	1980 Feet From The South Line and	1980 Feet From The East	
Line of Section	17	Township	8-S	Range 30-E, N.M.P.M., 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"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	Box 900 Dallas, Texas 75221
Name of Authorized Transporter of Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Oxy Cities Service NGL, Inc.	P. O. Box 300 Tulsa, Okla 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: H Sec. 17 Twp. 8-S Rge. 30-E	Yes NA

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

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.

Betty Surpless  
 Administrative Assistant  
 (Title)  
 May 9, 1986  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 14 1986, 19  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 TITLE DISTRICT I SUPERVISOR

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 multiphase recompleted wells.

RECEIVED  
MAY 15 1986  
G.S.P.  
HARRIS COUNTY