

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

FILED	APPROVED	RECEIVED
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICER		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
APOLLO ENERGY, INC.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <i>Effective immediately</i>
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>State "E-28"</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Eumont</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>E-5146</i>
Location				
Unit Letter <i>K</i>	<i>1980</i> Feet From The <i>West</i> Line and <i>1980</i> Feet From The <i>South</i>			
Line of Section <i>28</i>	Township <i>20 S</i>	Range <i>36 E</i>	, NMPM, <i>Lea</i> 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)				
<i>Permian Corporation</i>	<i>P. O. Box 1183 Houston, Texas 77001</i>				
Name of Authorized Transporter of Casinghead 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)				
<i>Phillips Petroleum</i>	<i>4th & Washington Odessa, Texas 79760</i>				
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>	Sec. <i>28</i>	Twp. <i>20S</i>	Rge. <i>36E</i>	Is gas actually connected? When <i>Yes Sept. 27, 1955</i>

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.

[Signature]

President

March 13, 1985

OIL CONSERVATION DIVISION

MAR 14 1985

APPROVED _____, 19____

BY *ORIGINAL SIGNED BY MARY TAYLOR*
DISTRICT 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.