

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

OPERATOR	
REGISTRATION NO.	
DATE OF REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATION	
OPERATION OFFICE	
Operator	

0+4-NMCCD
1-File

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Energy, Inc.

Address
P. O. Box 1737, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 3-11-81
Recompletion <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Coasting Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Apollo Oil Company, P. O. Box 1737, Hobbs, NM 88240

Lease Name Sinclair State	Well No. 1	Foot Name, including Formation Eumont Yates	Kind of Lease State: XXXXXXXXXX
Location			
Unit Letter G	1980	Feet From The North	Line and 1980
Feet From The East			
Line of Section 32	Township 20S	Range 36E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Coasting Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corp.	4001 Penbrook, Odessa, TX
If well produces oil or gas, give location of tests	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order numbers:							
COMPLETION DATA							
Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Refracturing
Date completed	Time Compt. ready to Prod.	Total Depth	P.B.T.D.				
Elevation (OD, EMB, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOSE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top 10% of total volume of fluid oil for this depth or be for full 24 hours)			
Date Test Run (month, day, year)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Casing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test (Oil, Gas)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Casing 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.

[Signature]
Consulting Engineer
March 12, 1981

OIL CONSERVATION DIVISION

APPROVED _____, 1981

BY _____
Title _____

TITLE _____

This form is to be filed in compliance with RULE 1101.

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 logs 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 changes of well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multi-