

OIL CONSERVATION DIVISION
October 2, 1983
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
OPERATING TYPE	
TABLETS	
FILE	
U.S.G.	
LAND OFFICER	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICER	

APOLLO ENERGY, INC.

Address
P. O. BOX 5315 HOBBES, NEW MEXICO 88341

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Effective October 1, 1983
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Geophysical Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hodges Federal	Well No. 1	Foot Name, Industry Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM022636
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 23 Township 8S Range 30E N.M.P.M. Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> KOH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) 1725 N. GRIMES HOBBES, NEW MEXICO 88240
Name of Authorized Transporter of Gas, wet Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of lines.	Unit <input type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/> Is gas actually connected? <input type="checkbox"/> When <input type="checkbox"/>

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

COMPLETION DATA

Designate Type of Completion -- (A)	<input type="checkbox"/> Oil well	<input type="checkbox"/> Gas well	<input type="checkbox"/> New well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Strip Back	<input type="checkbox"/> Same Reel	<input type="checkbox"/> Diff. Reel
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.S.T.D.				
Elevations (DP, R.H., H), GR, etc.	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLES SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil/Gas to Tank	Name of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Casing Size
Actual Prod. During Test	Oil/Gas	Water/Gas	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Wet. Condensate/MCF	Gravity of Condensate
Testing Method (flow, pump, lift)	Testing Pressure (psig-psi)	Casing Pressure (psig-psi)	Casing 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.

Blaine Edwin Neuhart

OIL CONSERVATION DIVISION
OCT 5 1983
APPROVED _____, 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.