

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---------------------|--|
| OPERATOR | |
| REGISTRATION OFFICE | |
| PERIOD | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| DATE | |
| LOCATION | |
| WELL NO. | |
| POOL NAME | |
| LEASE NO. | |
| DISTRIBUTION | |
| DEPARTMENT | |

Apollo Energy, Incorporated
Address
P. O. Box 5315, Hobbs, New Mexico 88241

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

New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

EFFECTIVE DATE DECEMBER 30, 1982

Change of ownership give name and address of previous owner Shell Oil Company, P. O. Box 991, Houston, Texas 77001

DESCRIPTION OF WELL AND LEASE

| | | | |
|--------------------|---|--|-----------------------------|
| Well No. <u>13</u> | Pool Name, including Formation <u>Cato San Andres</u> | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. <u>NM0155254A</u> |
|--------------------|---|--|-----------------------------|

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East
Line of Section 33 Township 8S Range 30E NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Designation of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Oil Company - Upland Op. Production Dept.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 700 Dallas 75221</u> |
| Designation of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Oil Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4906, Midland, Texas 79702</u> |

Well produces oil or liquids, give location of tanks. Unit P Sec. 33 Twp. 8S Rge. 30E Is gas actually connected? Yes when 8-15-68

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | <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"/> Plug Back | <input type="checkbox"/> Same Res'v. | <input type="checkbox"/> Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Conditions (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | 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)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Oil Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

AS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Fluid Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Sealing Method (pilot, back pr.) | 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 above is true and complete to the best of my knowledge and belief.

Upland J. Merchant
(Signature)
VICE PRESIDENT
(Title)
JANUARY 7, 1983
(Date)

OIL CONSERVATION DIVISION
JAN 13 1983

APPROVED _____, 19____
BY JERRY SEXTON
TITLE DISTRICT 1 SUPR.

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 change of owner, well name or number, or transporter or other such change of circumstance.
Separate Forms C-104 must be filed for each pool in multiple completions.

RECEIVED

RECEIVED JAN 12 1983

JAN 6 1983
O.C.D.
HOBS OFFICE

HOBS OFFICE