

OIL CONSERVATION DIVISION
P. O. BOX 7146
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WELL NUMBER	
DEVELOPMENT	
PROPERTY	
FILE	
LEASE	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICER	

Operator
APOLLO ENERGY, INC.

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

Reason(s) for filing (Check appropriate box) (Other (please explain))

New Well Change in Transporter of Dry Gas

Recompletion Oil Gas Condensate

Change in Ownership Casings/Gas Effective October 1, 1983

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Thelma Crosby B	Well No. 1	Pool Name, Including Formation Cato San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West	
Line of Section 5	Township 9S	Range 30E	N.M.P.M.	Chaves	County

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)
KCOH OIL COMPANY	1725 N. GRIMES HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of 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 tanks.	Is gas actually transported? <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)	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"/>	Some Tests <input type="checkbox"/>	Final Tests <input type="checkbox"/>
Date Spudded	Date Ready to Produce		Total Depth		P.B.T.D.			
Elevations (HP, N.E.B., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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 OIL WELL

(Test must be over recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or less for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gas, Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Testing Pressure (Shot-His)	Casing Pressure (Shot-His)	Cable 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]
(Signature)

Vice President
(Title)

October 1, 1983
(Date)

OIL CONSERVATION DIVISION

OCT 5 1983

APPROVED _____ 19

BY ORIGINAL SIGNED BY EDDIE SEAY
OIL & GAS INSPECTOR

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 conditions.
Separate forms O-101 must be filed for each pool in multiple completed wells.

RECEIVED
OCT 3 1983
O.C.D.
HOBSB OFFICE