

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection Well</u>	7. Unit Agreement Name
2. Name of Operator <u>APOLLO ENERGY, INC.</u>	8. Farm or Lease Name <u>Amco Federal</u>
3. Address of Operator <u>P. O. Box 5315 Hobbs, New Mexico 88241</u>	9. Well No. <u>8</u>
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>33</u> TOWNSHIP <u>8S</u> RANGE <u>30E</u> NMPM.	10. Field and Pool, or Wildcat <u>Cato San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4127' DF</u>	12. County <u>Chaves</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3/13/85 Rigged up PBCP unit. Pulled tbg. Replaced bad joint. Picked up new packer. Tallied tbg., changed all seals. Set packer @ 3298'+.

3/14/85 Rigged up pump truck w/treated water. Loaded hole. Pressured csg. up to 500#. Held O.K. Rigged down pulling unit. FINAL REPORT.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jerry Sexton TITLE President DATE 4/1/85

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE APR - 2 1985

CONDITIONS OF APPROVAL, IF ANY: