

# APOLLO

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Apollo Energy, Inc. / P. O. Box 5315 / Hobbs, New Mexico 88241 / Phone (505) 397-3596

September 13, 1985

New Mexico Oil Conservation Division  
P. O. Box 1980  
Hobbs, New Mexico 88240

Attention: Mr. Jerry Sexton

Re: Well Tests and Meter Proving  
Cato San Andres Field  
Chaves County, New Mexico

Dear Mr. Sexton:

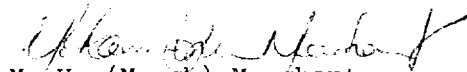
As per my discussion with Ms. Evelyn Downs of your office, Apollo Energy, Inc., requests Commission approval to continue current practice of testing wells by a portable well tester rather than using mostly "out of service" separator meters at each battery in the Cato San Andres Field.

Almost all wells in the Cato Field are stripper averaging 2 - 3 BOPD and some water. It has been my experience over the last 3 1/2 years in this field, the well test are more dependable and cost effective under the present system than the previous ones which I believe were not used in years (I suspect the tests were "boiler house").

Please inform me of your decision at your earliest convenience.  
I appreciate your cooperation and look forward to a favorable response.

Yours truly,

APOLLO ENERGY, INC.



M. Y. (Merch) Merchant  
President

MYM/jh

FORM NO. 1  
COMMINGLING BY  
POOL OR LEASE

SHELL OIL COMPANY  
P. O. BOX 576  
HOUSTON, TEXAS 77001

*2-11-77*  
*CTB-188*  
*steps to amendment*  
*dated Aug 21 77*  
CORRECTED REPORT

SHELL OIL COMPANY  
COMMINGLING REQUEST FORM  
FOR THE  
STATE OF NEW MEXICO  
OIL CONSERVATION  
COMMISSION

AUG 21 1977

APPLICATION FOR EXCEPTION TO COMMISSION RULE 303a AND/OR 309A

1. Operator SHELL OIL COMPANY  
2. Address P. O. BOX 576  
3. City HOUSTON 4. State TEXAS 5. Commission Dist. No.  
6. County Chaves  
7. Date of Application 7-11-77  
8. Identification of leases and pools as shown on statewide oil proration

9. Field Name	Lease Name	Pool (Zone) Name	API Gravity Range	Lease Location S-T-R
Cato	Thelma Crosby	San Andres	23.9	5-9S-30E
Cato	Thelma Crosby-B	San Andres	22.2-23.9	5-9S-30E
Cato	M. H. MCGrail	San Andres	22.7	5-9S-30E
Cato	McGrail No. 2	San Andres	22.7	5-9S-30E
Cato	Thelma Crosby-C	San Andres	----	8-9S-30E

10. ☐ Request for exception to Rule 303a (segregation of production from pools)

11. ☒ Request for exception to Rule 309A (lease commingling)

12. POOL COMMINGLING (exception to Rule 303) 1.) Lease plat (required)

2.) Schematic of commingling (required)

13. Commingled royalty interest are the same ☐ Yes ☐ No

14. Are producing zones marginal or top allowable ☐ Marginal-see (a.) below

☐ Top allowable

(a.) If producing zones are not capable of producing top unit allowable for their respective pools, commingling will be permitted without separately measuring the production from each pool. A 60-day period tabulation of production showing that the average daily production has been below top allowable for the subject pools.

15. Allocation of production from well zones will be by ☐ Periodic well test ☐ All zones metered ☐ All zones metered & sampled ☐ All zones except one separately metered - subtraction method

16. Will the commingling of zones or pools decrease revenue due to API gravity change ☐ Yes ☐ No

17. If answer to (16.) is "Yes" state how much less.

18. Are Federal lands or State lands involved? ☐ Yes ☐ No

19. If answer to (18.) is "Yes" furnish an approval letter from the Commissioner of Public Lands for the State of New Mexico or the Regional Supervisor of the United States Department of the Interior Geological Survey stating approval of the proposed commingling.

20. LEASE COMMINGLING (exception to Rule 309A)

20a. 1.) Lease plat required

2.) Schematic diagram of the commingling facility

21. All production is from the same common source of supply or an exception to Rule 303(a) has been obtained ☒ Yes ☐ No

22. If answer to (21.) is "Yes" show acceptance letter date and commission order number \_\_\_\_\_. Same common source.

23. Allocation of production ☐ Monthly well test ☒ All leases metered ☐ All leases metered & sampled ☐ All leases except one separately metered - subtraction method

*OK*

24. All parties owning an interest in the Leases and the purchaser of the commingled production have consented in writing to the commingling of production from the separate leases. ☒ Yes ☐ No

25. If answer to (24.) is "No," Explain

26. Name and address of gatherer Mobil Pipe Line Co. P.O. Box 900 Dallas, Texas 75221

27. Signature *M J Adams* Title Supervisor Oil Accounting

Commingling permit number \_\_\_\_\_ Approval date \_\_\_\_\_

Approved by \_\_\_\_\_

# APOLLO

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Apollo Energy, Inc. / P. O. Box 5315 / Hobbs, New Mexico 88241 / Phone (505) 397-3596

October 8, 1985

New Mexico Oil Conservation Division  
P.O. Box 2088  
Santa Fe, New Mexico 87501

Attention: Mr. David Catanach

Re: Well Tests - Cato Field  
Chaves County, New Mexico

Dear Mr. Catanach,

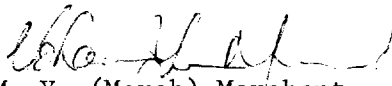
This letter is in reference to our conversation Friday, October 4, 1985, regarding the well test procedures in the Cato San Andres Field. By virtue of this letter APOLLO ENERGY, INC. request amendment to order numbers: CTB162, CTB171, CTB170 and CTB188.

All wells are stripper status and are commingled in various batteries - that is: fee with fee and federal with federal. Common royalties to the leases commingled and low volume wells makes it efficient as well cost effective to test wells with a portable well tester. It has been a practice at APOLLO to test all the wells religiously, specially because of our future plans for secondary recovery. It is important for us to know what each well produces, not only for reporting purposes but also for engineering purposes.

An amendment to the above mentioned orders and a favorable reply will be greatly appreciated. Thank you for your cooperation.

Sincerely,

APOLLO ENERGY, INC.

  
M. Y. (Merch) Merchant  
President

MYM/lm

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 2486	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO.	1	<i>William &amp; Wilma</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Leanne Denny</i>
DATE DELIVERED 2469	3	SHOW WHERE DELIVERED (only if requested)

GPO 655-16-71548-10

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REGISTERED NO. 2481	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO.	1	<i>Patel Corporation</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED JAN 24 1969	3	SHOW WHERE DELIVERED (only if requested)

GPO 655-16-71548-10

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REGISTERED NO. 2484	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO.	1	<i>Michael Pitt</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Thomas H. H. H.</i>
DATE DELIVERED JAN 24 1969	3	SHOW WHERE DELIVERED (only if requested)

GPO 655-16-71548-10

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## RECEIPT

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REGISTERED NO. 2487	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO.	1	<i>Joseph L. O'Neil</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>William Blackman</i>
DATE DELIVERED JAN 24 1969	3	SHOW WHERE DELIVERED (only if requested)

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## RECEIPT

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REGISTERED NO. 2491	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO.	1	<i>Thomas H. H. H.</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3	SHOW WHERE DELIVERED (only if requested)

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## RECEIPT

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REGISTERED NO. 24932	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	1 <i>[Signature]</i>
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3 SHOW WHERE DELIVERED (only if requested)

25-69

655-16-71548-10 GPO

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## RECEIPT

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REGISTERED NO. 2581	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	1
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3 SHOW WHERE DELIVERED (only if requested)

JAN 24 1969

655-16-71548-10 GPO

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## RECEIPT

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REGISTERED NO. 2455	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	1 <i>W. P. Donald</i>
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3 SHOW WHERE DELIVERED (only if requested)

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## RECEIPT

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REGISTERED NO. 24933	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	1 <i>E. J. [Signature]</i>
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3 SHOW WHERE DELIVERED (only if requested)

1-24-69

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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☐ Deliver ONLY to addressee  
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## RECEIPT

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REGISTERED NO. 2499	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	1 <i>[Signature]</i>
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3 SHOW WHERE DELIVERED (only if requested)

JAN 24 1969

655-16-71548-10 GPO

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## RECEIPT

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REGISTERED NO. 2498	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	1 <i>Franklin [Signature]</i>
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	3 SHOW WHERE DELIVERED (only if requested)

RECEIPT

Received the numbered article described below.

REGISTERED NO. 2505  
CERTIFIED NO. \_\_\_\_\_  
INSURED NO. \_\_\_\_\_  
SIGNATURE OF ADDRESSEE (Must always be filled in) Dorothy Miller  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY \_\_\_\_\_  
SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_  
DATE DELIVERED JAN 27 1969

655-16-71548-10 GPO

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Show to whom, date, and address where delivered ☐ to addressee ☐ to addressee's agent, if any  
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REGISTERED NO. 2408  
CERTIFIED NO. \_\_\_\_\_  
INSURED NO. \_\_\_\_\_  
SIGNATURE OF ADDRESSEE (Must always be filled in) Mr. Richard Dorell  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY \_\_\_\_\_  
SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_  
DATE DELIVERED 1-24-69

655-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

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RECEIPT

Received the numbered article described below.

REGISTERED NO. 2450  
CERTIFIED NO. \_\_\_\_\_  
INSURED NO. \_\_\_\_\_  
SIGNATURE OF ADDRESSEE (Must always be filled in) W. Smeltling  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY W. Sulez  
SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_  
DATE DELIVERED JAN 24 1969

655-16-71548-10 GPO

RECEIPT

Received the numbered article described below.

REGISTERED NO. 2500  
CERTIFIED NO. \_\_\_\_\_  
INSURED NO. 6961  
SIGNATURE OF ADDRESSEE (Must always be filled in) M. Stephens  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY \_\_\_\_\_  
SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_  
DATE DELIVERED 1-25-69

655-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

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(Additional charges required for these services)

RECEIPT

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REGISTERED NO. 2503  
CERTIFIED NO. \_\_\_\_\_  
INSURED NO. \_\_\_\_\_  
SIGNATURE OF ADDRESSEE (Must always be filled in) M. Stephens  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY \_\_\_\_\_  
SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_  
DATE DELIVERED 1-25-69

655-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

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RECEIPT

Received the numbered article described below.

REGISTERED NO. 2502  
CERTIFIED NO. \_\_\_\_\_  
INSURED NO. \_\_\_\_\_  
SIGNATURE OF ADDRESSEE (Must always be filled in) Phillips Inv. Corp.  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY M. Stephens  
SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_  
DATE DELIVERED 1-27-69

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Received the numbered article described below.

REGISTERED NO. 2487	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) 1 <i>Donna M. Meany</i>
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2
INSURED NO.	
DATE DELIVERED JAN 28 1969	SHOW WHERE DELIVERED (only if requested) 3

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered ☐ to addressee (Additional charges required for these services)

RECEIPT

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REGISTERED NO. 2487	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) 1 <i>Donna M. Meany</i>
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2
INSURED NO.	
DATE DELIVERED 1/28/69	SHOW WHERE DELIVERED (only if requested) 3

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INSTRUCTIONS TO DELIVERING EMPLOYEE

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REGISTERED NO. 2490	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) 1 <i>Donna M. Meany</i>
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2
INSURED NO.	
DATE DELIVERED 1/28/69	SHOW WHERE DELIVERED (only if requested) 3

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REGISTERED NO. 2540	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) 1 <i>Donna M. Meany</i>
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2
INSURED NO.	
DATE DELIVERED FEB 7 1969	SHOW WHERE DELIVERED (only if requested) 3

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INSTRUCTIONS TO DELIVERING EMPLOYEE

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REGISTERED NO. 2541	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) 1 <i>Donna M. Meany</i>
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2
INSURED NO.	
DATE DELIVERED FEB 4 1969	SHOW WHERE DELIVERED (only if requested) 3

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

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REGISTERED NO. 2544	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) 1 <i>Donna M. Meany</i>
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 2
INSURED NO.	
DATE DELIVERED 1/29/69	SHOW WHERE DELIVERED (only if requested) 3

c55-16-71548-10 GPO



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REGISTERED NO. <u>2495</u>	<div>1</div> <div>2</div> <div>3</div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) <u>Bob Crosby</u>
CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <u>[Signature]</u>
INSURED NO.		
DATE DELIVERED <u>1/30/69</u>		SHOW WHERE DELIVERED (Only if requested) <u>[Signature]</u>

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REGISTERED NO. <u>2494</u>	<div>1</div> <div>2</div> <div>3</div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) <u>Mrs. Thelma Crosby</u>
CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <u>[Signature]</u>
INSURED NO.		
DATE DELIVERED <u>2-5-69</u>		SHOW WHERE DELIVERED (only if requested) <u>[Signature]</u>

c55-16-71548-10 GPO