

OIL CONSERVATION DIVISION

P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION NO.	
DISTRIBUTION	
STATE	
COUNTY	
CITY	
MAIL OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	
REGISTRAR	

APOLLO ENERGY, INC.

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:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

EFFECTIVE DATE MARCH 17, 1983

Change of ownership give name and address of previous owner: Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Lease Name <b>CROSBY D</b>	Well No. <b>1</b>	Pool Name, including Formation <b>CATO SAN ANDRES</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>660</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>WEST</b>				
Line of Section <b>15</b> Township <b>8</b> Range <b>30</b> , NMPM, <b>CHAVES</b> County				

SIGNATION 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)
<b>Mobil Pipeline Co. Proration Department</b>	<b>P. O. Box 900, Dallas, Texas 75221</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Cities Service Oil Company</b>	<b>P. O. Box 4906, Midland, Texas 79702</b>
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>(X)</b>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Reservoirs (DF, RAS, RT, CR, 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

NEW WELL

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (spot, back pt.)	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 herein is true and complete to the best of my knowledge and belief.

*Urban J. Merchant*  
 (Signature)

Vice President  
 (Title)

March 17, 1983  
 (Date)

OIL CONSERVATION DIVISION

**MAR 30 1983**

APPROVED \_\_\_\_\_, 19

ORIGINAL SIGNED BY EDDIE SEAY

BY **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 navigational tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter or other such change of condition.

Separate Forms O-104 must be filed for each pool in multiple completed wells.