

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
CLASS	
DATE	
NO.	
OFFICE	
REPORTER	OIL
	NATURAL GAS
OPERATOR	
OPERATION 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

Well Name BASKETT	Well No. 2	Pool Name, Including Formation CATO SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
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Location
Well Letter **M** **660** Feet From The **SOUTH** Line and **660** Feet From The **WEST**

Line of Section **11** Township **8** Range **30**, N.M.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)
<u>Mobil Pipeline Co. Proration Department</u>	<u>P. O. Box 900, Dallas, Texas 75221</u>
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)
<u>Cities Service Oil Company</u>	<u>P. O. Box 4906, Midland, Texas 79702</u>

If well produces oil or liquids, location of tanks. Is gas actually connected? When

If 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 Resv.	Diff. Resv.
Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Reservoirs (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Reservoirs				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)

First New Oil Run To Tanks	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

<p>CERTIFICATE OF COMPLIANCE</p> <p>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.</p> <p><u><i>John J. Merchant</i></u> (Signature) Vice President (Title) March 17, 1983 (Date)</p>	<p style="text-align: center;">OIL CONSERVATION DIVISION MAR 30 1983</p> <p>APPROVED _____, 19__</p> <p>BY <u>ORIGINAL SIGNED BY EDDIE SEAY</u> OIL & GAS INSPECTOR</p> <p>TITLE _____</p> <p>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 division 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 Form C-104 must be filed for each pool in multiple completed wells.</p>
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RECEIVED
MAR 29 1983
O.C.D.
HOBBY OFFICE

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