

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
DATE	
FILE	
RECEIVED	
DATE	
OFFICE	
TRANSPORTER	
DATE	
OPERATOR	
OPERATION OFFICE	
DATE	

Apollo Energy, Inc.

P. O. Box 1737, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	Effective 3-11-81

Change of ownership give name and address of previous owner Apollo Oil Company, P. O. Box 1737, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease to
Jack Markham	1	Bough Permo Perm	XXXXXXX Fee	
Location	Unit Letter	Feet From The	Line and	Feet From The
	0	660	South	1980 East
	Line of Section	Township	Range	NMPM, Lea
	11	9S	35E	

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)				
Mobil Pipe Line Co.	P. O. Box 633, Midland, TX				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum	Box 1197, Eunice, NM				
Unit	Sec.	Twp.	Rge.	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 Rest.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviations (DF, RAB, RT, GR, 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
OIL WELL

(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)

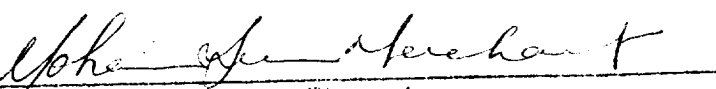
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spiral, back pr.)	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 above is true and complete to the best of my knowledge and belief.


(Signature)
Consulting Engineer
(Title)
March 12, 1981
(Date)

OIL CONSERVATION DIVISION

MAR 17 1981

APPROVED _____, 19____
BY _____
Orig. Signed by
Jerry Sexton
TITLE _____
Dist. L. Supr.

This form is to be filed in compliance with RULE 1105.
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 condition.
Separate Forms C-104 must be filled for each pool in multiple