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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
APOLLO ENERGY, INC.

Address
PO Box 5315, Hobbs NM 88241

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Gas sales from a different reservoir than previously filed
<input checked="" type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal A 13	Well No. 2	Pool Name, including Formation Bough San Andres (gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM0450847
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>9S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

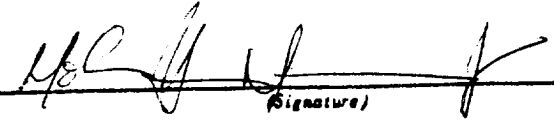
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent) PO Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa OK 74102
If well produces oil or liquids, give location of tanks. <u>none</u>	Unit <u> </u> Sec. <u> </u> Twp. <u> </u> Rgs. <u> </u> Is gas actually connected? <u>yes</u> When <u>June 23, 1986</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



(Signature)
President
(Title)
July 12, 1986
(Date)

OIL CONSERVATION DIVISION
JUL 16 1986

APPROVED _____, 19____

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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 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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	X	Deepen	Workover	Plug Back	Seal Bypass	ILM. Repair
Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		Tubing Depth		Depth Casing Shoe	
Name of Producing Formation		Top Oil/Gas Pay		9600'		9600'		9600'	
Elevations (DT, RAB, RT, CA, etc.)		GL 4114		DF 4124		GL 4114		San Andres	
4758-4791 Ispt									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	10 3/4"	434'	400 SXS
9 1/2"	7 5/8"	4160'	1800 SXS
7 5/8"	5 1/2"	9600'+	460 SXS

V. 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 allow-
 able 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
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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	550	48	-0-	-0-	28/64"
Testing Method (Pilot, back pr.)	Tubing Pressure (Burst-1s)	Casing Pressure (Burst-1s)	Choke Size	1020	-0-	-0-	-0-	

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 JUL 14 1986
 O.C.C.
 HOBBS OFFICE
 Form C-104
 Re used 10-1-78
 Format 00-01-83
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