

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator APOLLO ENERGY, INC.

Address P. O. BOX 5315 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)  Effective July 10, 1984
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Marks & Garner Production Company, Box 655, Lovington, NM 88260

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal A 13</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Bough Permo Penn</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM0450847</u>
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</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 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 Corp. Proration Dept.</u>	<u>P. O. Box 900 Dallas, Texas 75221</u>	
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)	
<u>Warren Petroleum Company</u>	<u>P. O. Box 1589 Tulsa, Oklahoma 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>13</u>
	Twp. <u>9</u>	Rge. <u>35</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>NA</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.

Urban E. Meda  
(Signature)

President

(Title)

July 10, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 13 1984, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.