

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

P. O. BOX 5315, HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

Other (Please explain)

Well ☐
Completion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

EFFECTIVE DATE MARCH 17, 1983

Change of ownership give name
Address of previous owner

Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
CROSBY	1	CATO SAN ANDRES	FEE	

Location

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST

Line of Section 17 Township 8 Range 30 NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

Mobil Pipeline Co. Proration Department

P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Cities Service Oil Company

P. O. Box 4906, Midland, Texas 79702

Well produces oil or liquids,
Location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? When

If 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 Rea'y.	Diff. Rea'y.
Spurred								
Sections (DF, RAS, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Iterations					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.)	
End of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flow Method (pilot, 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 is true and complete to the best of my knowledge and belief.

DAVID J. JONES

Stephen J. Merchant
(Signature)

Vice President
(Title)

March 17, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 30 1983**, 19

BY **ORIGINAL SIGNED BY EDDIE 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 previous 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 name, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.

PAGE

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OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE P.O.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Oil-CATO STORAGE SYSTEM IV
(CTB-169)

NAME CHANGED:

FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Gas formerly vented
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CROSBY	Well No. 1	Pool Name, including Formation CATO San Andres - Oil	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 17 Township 8-S Range 30-E, NMPM, CHAVES 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"/> MOBIL Pipe Line Corp.	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CITIES SERVICE OIL CO.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 8	Rge. 30	Is gas actually connected? Yes	When 8-17-68

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-169

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, 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			

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 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

027-AMOCO-H
2-HSN

1-OSP
1-Susp

(Signature)

AREA SUPERINTENDENT
(Title)

June 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.