

NAME OF FIRM OR INDIVIDUAL	NEW MEXICO DEPARTMENT
ADDRESS	PO BOX 37501 SANTA FE, NEW MEXICO 87501
PERMIT NUMBER	
TYPE OF WELL	
OWNER	
LEASE NUMBER	
LAND OWNER	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICER	
Operator	

OIL CONSERVATION DIVISION

P. O. BOX 37501

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

Address

P. O. BOX 5215 HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (please explain)

Effective October 1, 1983

(change of ownership give name
and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Play Name, Including Formation	Kind of Lease	Lease No.
Wasley	2	Cato San Arrires	State, Federal or Fee Fee	

Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West

Line of Section	14	Section	8	Range	30	NSPM	Charles	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)

PERMIAN CORPORATION

BOX 1183 HOUSTON, TEXAS 77001

Name of Authorized Transporter of Casinghead Gas or Dry Gas

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

If well produces oil or liquids,
give location of tanks.

Unit Ser. Type. If 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)	Old Well	Old Well	New Well	Recover	Deepen	Play Block	Some Rev.	Diff. Rev.
Date Spud	Date Comm. Ready to Prod.		Total Depth			P.L.T.O.		

Revolutions (DF, R.D., RF, GR, etc.)

Revolutions (DF, R.D., RF, GR, etc.)	Time of producing Formation	Top Oil/Gas Pay	Testing Depth

Perforations

			Depth Casing Line

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 lead oil and must be equal to or exceed top allowable well)

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable well)

Test Date	Testing Pressure	Drilling Pressure	Choke Size

Actual Prod. During Test	Choke Size	Hydro-Static	Gas-MOF

gas well

Actual Prod. Test-MOF	Length of Test	Initial Condensate and P	Gravity of Condensate

Testing Method (shut-in, back pressure)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
APPROVED		OCT 5 1983	

ORIGINAL SIGNED BY EDDIE SEAY

TITLE: OIL & GAS INSPECTOR

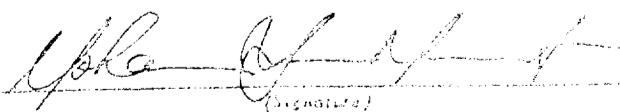
This form is to be filed in compliance with Rule 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation angles taken on the well in accordance with Rule 1104.

All sections of this form must be filled out completely for each well to be drilled or recompleted.

Rule 1104, Sections I, II, III, and VI for changes of ownership, or transfer, or transportation, other than change of control.

For State Form C-104 must be filed for each pool in multiple completed wells.


(Signature)

Vice President
(Title)

October 1, 1983
(Date)

RECEIVED
OCT 3 1983
HOSS C.C.D.
OFFICE