	144						
STATE OF NEW MEXICO							
NERGY AND MINERALS DEPARTMENT	•					Form C-10	
DISTRIBUTION					NI	Revised 10 Format 06	· · -
SANTA PE		UNSERVA P. O. 80		111510	IN	Page 1	-
FILE U.B.C.A.	SAN	TA FE, NEV		0 87501			
LAND OFFICE							
CAS OAS		REQUEST FO	R ALLOWA	BLE			
PROBATION OFFICE		A ION TO TRANS	ND				
	AUTHORIZAT				(AL UAS		
APOLLO ENERGY, I	NC.						
Address							······································
P.O. BOX 5315 H	•	XICO 8 8241					
Reason(s) for filing (Check proper box)			10	Diher (Please	• •	,	~ .
	Change in Trans	·	ry Gas	-	of Well Name ve May 1, 19		Crosby
Change in Ownership	Casingheod) and the second se	ondensote	hitecti	ve nay 1, 17	00	
				·····			
f change of ownership give name and address of previous owner							
•							
I. DESCRIPTION OF WELL AND	Veli No. Pool	Name, Including F	crmalion		Kind of Lease		Lesse
	1						
UT Crosby 1	3 C	•		1	State, Federal or Fe	• Fee	
UT Crosby 1	3 C	ato (San An		1	-	• Fee	
Location	<u> </u>	ato (San An	dres)	1	-	• Fee West	
Unit Letter D; 66()Feet From The	ato (San An <u>North</u> Lu	ne and	660	State, Federal or Fe		
Unit Letter D; 66(# #	ato (San An	dres)		State, Federal or Fe		 Cou
Location Unit Letter D; 660 Line of Section 15 Town) Feet From The nship 85	ato (San An <u>North</u> Lu Renge	adres)	660	State, Federal or Fe		Cou
Location Unit Letter D; 660 Line of Section 15 Town III. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil	DFeet From The nship 8S ORTER OF OIL A T or Conder.	Ato (San An North Lu Ronge	idres) he and 30E LGAS Address (G	660 , NMPM,	State, Federal or Fe Feet From The Chaves o which approved co	West	
Location Unit Letter D; 660 Line of Section 15 Town UI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Mobil Pipe Line	DFeet From The nahip 8S ORTER OF OIL A IXor Conduct. Co.	Ato (San An North_Lin Range NND NATURA	adres) adres) 30E LGAS Access (G Box 90	660 , NMPM, Sive oddress (00 Dalla	State, Federal or Fe _Feet From The Chaves o which approved cop as, Texas 75	West	s to be sent)
Location Unit Letter D ; 66(Line of Section 15 Town III. DESIGNATION OF TRANSP Name of Authorized Transporter of Cill Mobil Pipe Line Name of Authorized Transporter of Cast	DFeet From The nship 8S ORTER OF OIL 4 Tor Condern CO. Inghead Gas 2 0	Ato (San An North Lu Ronge	adres) and 30E LGAS Actess (G Box 9(Address (G	660 , NMPM, Sive address (00 Dalla Sive address (State, Federal or Fe _Feet From The Chaves o which approved co as, Texas 75 o which approved co	West Py of this form to 221 py of this form to	s ic be seni)
Location Unit Letter D; 660 Line of Section 15 Town UI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi	D Feet From The nship 8S ORTER OF OIL A IX or Condern Co. inghead Gos X o ice NGL, Inc.	Ato (San An North_Lin Range NND NATURA	adres) and 30E LGAS Address (C Box 90 Address (C P.O. I	660 , NMPM, Sive address (00 Dalla Sive address (State, Federal or Fe _Feet From The Chaves o which approved con as, Texas 75 o which approved con Tulsa, Oklah	West Py of this form to 221 py of this form to	s ic be seni)
Location Unit Letter D ; 66(Line of Section 15 Town III. DESIGNATION OF TRANSP Name of Authorized Transporter of Cill Mobil Pipe Line Name of Authorized Transporter of Cast	D Feet From The nship 8S ORTER OF OIL A Co. tophead Gas 2 o ice NGL, Inc.	Ato (San An North Lin Range AND NATURA Eate & Dry Gas	adres) and 30E LGAS Address (C Box 90 Address (C P.O. I	660 , NMPM, Give address (00 Dalla Give address (BOX 300 ually connected	State, Federal or Fe _Feet From The Chaves o which approved con as, Texas 75 o which approved con Tulsa, Oklah	West Py of this form to 221 py of this form to	s ic be seni)
Location Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide,	DFeet From The nship 8S ORTER OF OIL 4 Tor Condorn Co. inghead Gas N o ice NGL, Inc. Unit Sec. N 10	Ato (San An North_Li Range ND NATURA Eate * Dry Gas TwpRge. 8S ; 30E	adres) a and 30E L GAS Aadress (C Box 90 Address (C P.O. H Is gas actu- Yes	660 , NMPM, Sive address (00 Dalla Sive address (BOX 300 welly connected S	State, Federal or Fe _Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? when NA	West Py of this form to 221 py of this form to	s ic be sentj
Location Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with	D Feet From The nship 8S ORTER OF OIL A T or Conder. Co. Loghead Gas N o Lee NGL, Inc. Unit Sec. N 10 h that from any oth	Ato (San An <u>North</u> Lin Range AND NATURA Eate Pry Gas Twp. Ree. 8S 30E er lease or pool,	adres) a and 30E L GAS Aadress (C Box 90 Address (C P.O. H Is gas actu- Yes	660 , NMPM, Sive address (00 Dalla Sive address (BOX 300 welly connected S	State, Federal or Fe _Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? when NA	West Py of this form to 221 py of this form to	s ic be seni)
Location Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of OII Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V	D Feet From The nship 8S ORTER OF OIL 4 T or Condorn Co. Inghead Gas N o Ice NGL, Inc. Unit Sec. N 10 h that from any oth N on reverse side ij	Ato (San An <u>North</u> Lin Range AND NATURA Eate Pry Gas Twp. Ree. 8S 30E er lease or pool,	adres) a and 30E L GAS Aadress (C Box 90 Address (C P.O. H Is gas actu- Yes	660 , NMPM, Sive address fr 00 Dalla Sive address fr BOX 300 ually connecte S ingling order	State, Federal or Fe _Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? i When i NA number:	West West 221 py of this form to 221 py of this form to 100ma 74102	s ic be sentj
Location Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with	D Feet From The nship 8S ORTER OF OIL 4 T or Condorn Co. Inghead Gas N o Ice NGL, Inc. Unit Sec. N 10 h that from any oth N on reverse side ij	Ato (San An <u>North</u> Lin Range AND NATURA Eate Pry Gas Twp. Ree. 8S 30E er lease or pool,	adres) a and 30E L GAS Aadress (C Box 90 Address (C P.O. H Is gas actu- Yes	660 , NMPM, Sive address fr 00 Dalla Sive address fr BOX 300 ually connecte S ingling order	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? When NA number: DNSERVATION	West West Py of this form to 221 py of this form to 10ma 74102 DIVISION	s ic be sentj
Unit Letter D; 660 Line of Section 15 Town HI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cash Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN hereby certify that the rules and regulatio	D Feet From The nship 8S ORTER OF OIL A T or Condern Co. Inghead Gas N o Ce NGL, Inc. Unit Sec. N 10 h that from any oth Concernerse side if NCE	ato (San An North Lin Range ND NATURA Eate	APPRO	660 , NMPM, Sive address for 00 Dalla Sive address for BOX 300 welly connected S ingling order OIL CO	State, Federal or Fe _Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? i When i NA number:	West West Py of this form to 221 py of this form to 10ma 74102 DIVISION	s ic be seni)
Location Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN	D Feet From The nship 8S ORTER OF OIL A T or Condern Co. Inghead Gas N o Ce NGL, Inc. Unit Sec. N 10 h that from any oth Concernerse side if NCE	ato (San An North Lin Range ND NATURA Eate	APPRO	660 , NMPM, Give address to DO Dalla Dive address to BOX 300 ually connecto S ingling order OIL CO	State, Federal or Fe _Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d7 When NA number: DNSERVATION 	West West Py of this form to 221 py of this form to 100ma 74102 DIVISION 8 1986	; io b. seni) s io be seni;
Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complied with and that the information	D Feet From The nship 8S ORTER OF OIL A T or Condern Co. Inghead Gas N o Ce NGL, Inc. Unit Sec. N 10 h that from any oth Concernerse side if NCE	ato (San An North Lin Range ND NATURA Eate	APPRO	660 , NMPM, Give address to DO Dalla Dive address to BOX 300 ually connecto S ingling order OIL CO	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d?When NA number: DNSERVATION JUN 1	West West Py of this form to 221 py of this form to 100ma 74102 DIVISION 8 1986	; io b. seni) s io be seni;
Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complied with and that the information	D Feet From The nship 8S ORTER OF OIL A T or Condern Co. Inghead Gas N o Ce NGL, Inc. Unit Sec. N 10 h that from any oth Concernerse side if NCE	ato (San An North Lin Range ND NATURA Eate	APPRO	660 , NMPM, Cive address to DO Dalla Dive address to BOX 300 ually connecto S ingling order OIL CO VED	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d7 When Tulsa, Oklah d7 NA number: DNSERVATION DISTRICT 15	West West Py of this form to 221 Py of this form to 221 DIVISION BIVISION BIVISION BIVISION BIVISION BIVISION BIVISION BIVISION BIVISION BIVISION BIVISION BIVISION	; io b. seni) s io be seni)
Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complied with and that the information	D Feet From The nship 8S ORTER OF OIL A T or Condern Co. Inghead Gas N o Ce NGL, Inc. Unit Sec. N 10 h that from any oth Concernerse side if NCE	ato (San An North Lin Range ND NATURA Eate	APPRO	660 , NMPM, Sive address to 00 Dalla Sive address to BOX 300 welly connecto S ingling order OIL CO VED o s form is to	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? When Tulsa, Oklah Tulsa, Oklah DNSERVATION DISTRICT 15 be filed in compli	West West Dy of this form to 221 py of this form to 221 DIVISION 00000 01VISION 01VISIO	-, 19 XTON
Unit Letter D; 660 Line of Section 15 Town Unit Letter D; 660 Line of Section 15 Town UII. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces oil or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complied with and that the information	D Feet From The nship 8S ORTER OF OIL A T or Condern Co. Inghead Gas N o Ce NGL, Inc. Unit Sec. N 10 h that from any oth Concernerse side if NCE	ato (San An North Lin Range ND NATURA Eate	APPRO BY	660 , NMPM, inve address is 00 Dalla ive address is BOX 300 welly connecte BOX 300 welly connected BOX 300 welly connected	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? Tulsa, Oklah d? Men NA number: DNSERVATION DISTRICT 15 be filed in compli- be accompanied b	West West Py of this form to 221 Py of this form to 221 DIVISION DIVISION BIJERRY SE SUPERVISOR Supervisor Supervisor Supervisor Supervisor	: 10 b. sent) s to be sent) s to be sent) s to be sent) s to be sent) to be sent to be sent) to be sent to be sent) to be sent to be sen
Location Unit Letter D : 660 Line of Section 15 Town HI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complete with and that the information my knowledge and belief.	Peet From The nship 8S ORTER OF OIL A To or Condern Co. Unit Sec. N 10 h that from any oth Con reverse side if NCE on reverse side if NCE Magned Conservant Cons	ato (San An North Lin Range ND NATURA Eate	APPRO BY	660 , NMPM, ive address is 00 Dalls ive address is BOX 300 welly connected BOX 300 welly connected BOX 300 welly connected ingling order OIL CO VED • form is to his is a require is form must ken on the v	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? When INSERVATION JUN 1 RIGINAL SIGNED DISTRICT IS be filed in compli- be accompanied to wall in accordance	West West West Dy of this form to 221 by of this form to 221 DIVISION DIVISION BIJERRY SE SUPERVISOR Supervisor Su	: 10 b. sent) s 10 be sent) s 10 be sent) s 10 be sent) (XTON (XTON) t E 1104, siled or deep n of the devi
Location Unit Letter D : 660 Line of Section 15 Town HI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complete with and that the information my knowledge and belief.	Prest From The mship 8S ORTER OF OIL A To or Condern Co. Unit Sec. N 10 h that from any oth Con reverse side if NCE May And Conserver May And Conserver May And Conserver Conserver Construction Conserver Construction Conserver Conserver Conserver Construction Conserver Con	ato (San An North Lin Range ND NATURA Eate	APPRO BY	660 , NMPM, inve address is 00 Dalls ive address is BOX 300 welly connected BOX 300 welly connected BOX 300 welly connected BOX 300 welly connected ingling order OIL CO VED e form is to his is a require is form must ken on the v sections of	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? Tulsa, Oklah d? Men NA number: DNSERVATION DISTRICT 15 be filed in compli- be accompanied b	West West West Dy of this form to 221 by of this form to 221 DIVISION DIVISION BIJERRY SE SUPERVISOR Supervisor Su	: 10 b. sent) s 10 be sent) s 10 be sent) s 10 be sent) s 10 be sent) t E 1104, s 11ed or deep n of the devi
Location Unit Letter D : 660 Line of Section 15 Town HI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complied with and that the information my knowledge and belief.	D Feet From The mahip 8S ORTER OF OIL A T or Condern CO. Inghead Gos N o Ice NGL, Inc. Unit Sec. N 10 h that from any oth on reverse side ij NCE Magnad Condernation NCE Magnad Condernation NCE Magnad Condernation NCE Condernation NCE Condernation Condernation NCE Condernation Conder	ato (San An North Lin Range ND NATURA Eate	APPRO BY	660 NMPM, Sive address is 00 Dalla Sive address is BOX 300 welly connected BOX 300 Ingling order OIL CO VED • form is to his is a require is form must ken on the v sections of new and reco I out only S	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? When i NA number: DNSERVATION JUN 1 RIGINAL SIGNED DISTRICT 15 be filed in compli- be file	West West Dy of this form to 221 Py of this form to 221 DIVISION DIVISION BY JERRY SE SUPERVISOR Supervisor with AUL 1 fulled out com- and VI for ch	t E 1104, illed or deep n of the devi ill, pletely for a hanges of on
Location Unit Letter D : 660 Line of Section 15 Town HI. DESIGNATION OF TRANSP Name of Authorized Transporter of Oll Mobil Pipe Line Name of Authorized Transporter of Cast Oxy Cities Servi If well produces off or figuide, give location of tanks. If this production is commingled with NOTE: Complete Parts IV and V VI. CERTIFICATE OF COMPLIAN thereby certify that the rules and regulation been complete with and that the information my knowledge and belief.	D Feet From The mahip 8S ORTER OF OIL A T or Condern CO. Inghead Gos N o Ice NGL, Inc. Unit Sec. N 10 h that from any oth on reverse side ij NCE Magnad Condernation NCE Magnad Condernation NCE Magnad Condernation NCE Condernation NCE Condernation Condernation NCE Condernation Conder	ato (San An North Lin Range ND NATURA Eate	APPRO BY	660 NMPM, Sive address is 00 Dalla Sive address is BOX 300 welly connector BOX 300 S ingling order DIL CO VED S is form is to his is a require is form must ken on the v sections of new and reco I out only S ms or number arate Forms	State, Federal or Fe Feet From The Chaves o which approved cop as, Texas 75 o which approved cop Tulsa, Oklah d? Tulsa, Oklah d? Tulsa, Oklah NA number: DNSERVATION DISTRICT IS be filed in compli- test for allowable be accompanied by wall in accordance this form must be completed wells.	West West Py of this form to 221 Py of the py of the	t E 1104, illed or deep n of the devi inge of condi

