

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 05-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
APOLLO ENERGY, INC.

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Dry Gas

Recompletion Oil Condensate

Change in Ownership casinghead Gas Condensate

Change of well name
Effective May 1, 1986

If change of ownership give name and address of previous owner
Union Texas Petroleum Corp., 1300 Wilco Bldg., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Previously Crosby UT Crosby Crosby	Well No. 3	Pool Name, including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D	: 660	Feet From The North	Line and 660	Feet From The West
Line of Section 15	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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Oxy Cities Service NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300 Tulsa, Okla 74102			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 10	Twp. 8S	Rge. 30E
	Is gas actually connected? Yes		When NA	

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.

Betty Surfford
(Signature)

Administrative Assistant
(Title)

May 9, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 14 1986**, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

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.

RECEIVED
MAY 13 1986
C. C. D.
HOBBS OFFICE