

Form 100-10
November 1985
Form 100-10-101

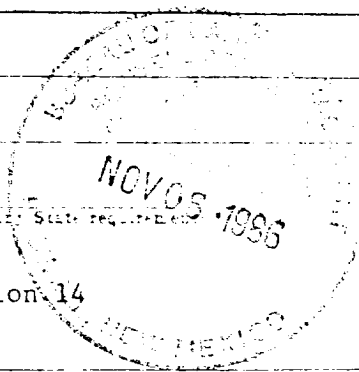
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

EXPIRATION DATE
LEAST DESIGNATION AND BLOCK NO.

SUNDRY NOTICES AND REPORTS ON WELLS

NM-0354427 A
C. D. INDEX, ALLOTTEE OF TRACT NAME

1. NAME OF OPERATOR
APOLLO ENERGY, INC.
P.O. Box 5315, Hobbs NM 88241
2. NAME OF WELL
Storage System II located NW/4 SE/4 Section 14
14. FIELD NO.
15. ELEVATIONS (Show whether DE or ASL, etc.)



3. UNIT AGREEMENT NO.
Cato Storage System II
4. FARM OR LEASE NAME
See Item 17
5. WELL NO.
See Item 17
6. FIELD AND FOOT OF WELL
Cato San Andres
7. SECTION, T. & M. OF BLM AND SURVEY OR AREA
Township 8 S, Range 30 E
8. COUNTY OR PARISH
Chaves
9. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OF ADJOINING	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
CHANGE PLANT	<input type="checkbox"/>	(Other)	<input type="checkbox"/>

17. Commingled Cato SSII Tests ☒ X

(Note: Report results of multiple completion or Well Completion Log, together with Report and Log form)

17. If well is shut in or completely inoperative, state pertinent details and give pertinent dates including estimated date of future and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and select pertinent data work.

APOLLO ENERGY requests approval to continue current practice of testing wells by a portable well tester rather than using mostly "out of service" separator meters at each battery in the Cato San Andres Field.

Almost all wells in the Cato Field are stripper averaging 2-3 BOPD and some water. It has been APOLLO'S experience over the last 4½ years in this field, the well tests are more dependable & cost effective under the present system than the previous ones which I believe were not used in years (I suspect the tests were "boiler house").

CATO STORAGE SYSTEM II:

- NM-0177517 Cato A Federal - SW/4 Section 15, Wells #1 & #2
- NM-0177517 Cato B Federal - SW/4 Section 14 & NW/4 Section 23, Wells #1, #2, #3, #4, #5, #6, #7 & #8
- NM-444628 Cato C Federal - SE/4 Section 14, Wells #1, #2, #3, & #4
- NM-0354427A Cato D Federal - NE/4 Section 23, Wells #1, #2, & #3
- NM-0354427A Crosby C Federal - N/2 NW/4 Section 22, Well #1
- NM-0254700 Fischer Federal - W/2 Section 12, Wells #1 & #2

18. I hereby certify that the foregoing is true and correct
SIGNED: [Signature] TITLE: PRESIDENT DATE: 11-5-86
(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____
CONDITIONS OF APPROVAL, IF ANY: _____
APPROVED
PETER CHESTER
DEC 3 1986
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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):
☐ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain): **JULY 1, 1986**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cato A Federal	Well No. 1	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM0177517
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line of Section 15 Township 8 Range 30 , 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"/> PRIDE PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3237 ABILENE, TEXAS 79604	
Name of Authorized Transporter of Casinghead Gas <input 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 4906 MIDLAND, TEXAS 79702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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.

Mohammed Yamin Merchant
(Signature)
MOHAMMED YAMIN MERCHANT
(Title)
PRESIDENT
(Date)
JUNE 12, 1986

OIL CONSERVATION DIVISION

APPROVED *JUL 1 2 1986*, 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 multiple completed wells.