

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-79

OPERATION	
PRODUCTION OFFICE	
OPERATOR	
TRANSPORTER	
LAND OFFICE	
U.S.O.B.	
FILE	
SANTA FE	
CONTRIBUTION	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: ☒ Oil ☐ Dry Gas ☐
Recompletion ☐	Gashead Gas ☐ Condensate ☐
Change in Ownership ☐	Effective October 1, 1983

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Form Name, Including Formation	Kind of Lease	Lease No.
Fischer Federal	1	Cato San Andres	State, Federal or Fee Federal	NM254700

Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West

Line of Section 12 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)
PERMIAN CORPORATION	BOX 1183 HOUSTON, TEXAS 77001
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquid, 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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Deviations (D.P., R.E.B., R.I., C.R., etc.)	Depth 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

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 10% allowable for this depth or be for full 24 hours)

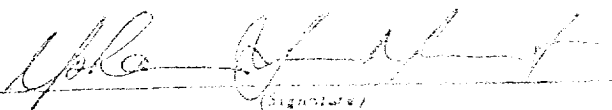
Initial Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Testing Procedure	Casing Procedure
Actual Prod. During Test	Oil-Brine	Water-Brine
		Gas-MOF

GAS WELL

Actual Prod. Test-MOF/D	Length of Test	Brine, Condensate/MOF	Gravity of Condensate
Testing Method (Flow, back prod)	Testing Procedure (Shut-in)	Casing Procedure (Shut-in)	Casing 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 above is true and complete to the best of my knowledge and belief.


(Signature)
Vice President
(Title)
October 1, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 5 1983
ORIGINAL SIGNED BY EDDIE SEAY
OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1101.
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 portions of this form must be filled out completely for allowables on new and recompleted wells.
File only on Rule 1, II, III, and VI for change of owner, well name or number, or in reporting of other such change of condition.
Separate forms must be filed for each pool in multiple completed wells.