#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFT	ICE		

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

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Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Unit Letter   A   :	Operator							
Address   P.O. Box 1493, Roswell, New Mexico 88201     Research 10 for filing (Check proper box)   Change in Transporter of:   Other (Piesse explain)     Recomplation   Other (Check proper box)   Other (Piesse explain)     Recomplation   Other (Piesse explain)   February 2, 1988     If change of ownership give name   A pollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     II DESCRIPTION OF WELL AND LEASE   Well No. Pool Name, Including Formation   Kind of Lease     Lease Name   Well No. Pool Name, Including Formation   Kind of Lease     Abbo Federal   3   Cato San Andres   State, Federal or Fee     Location   10   Township   Ronge 30   NMPM, Chaves   Count     II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Address (Give address to which approved copy of this form is to be sent)   P.O. Box 3237, A billene, Texas 79604     Name of Authorised Transporter of Call (IC)   or Condensate   Address (Give address to which approved copy of this form is to be sent)     Pride Pipeline Corporation   P.O. Box 4906, Midland, Texas 79604   Nationa 79702     Name of Authorised Transporter of Call, Inc.   P.O. Box 4906, Midland, Texas 79702     If well produces of lotats.   Unit is see. Twp. Ree   Is gas actually connected 7 <th>KELT OIL &amp; GAS.</th> <th>INC.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	KELT OIL & GAS.	INC.						
Restanci(s) for filing (Check proper box)   Other (Please csplain)     New Weil   Change in Transporter of:   Other (Please csplain)     Recompletion   Oil   February 2, 1988     Change in Ownership   Cealinghead Gas   Condensate     I. DESCRIPTION OF WELL AND LEASE   Cato San Andres   State, Federal or Fee     Leese Name   Weil No. Pool Name, Including Formation   Kind of Lease     Abko Federal   3   Cato San Andres     Unit Letter   A								
Restanci(s) for filing (Check proper box)   Other (Please csplain)     New Weil   Change in Transporter of:   Other (Please csplain)     Recompletion   Oil   February 2, 1988     Change in Ownership   Cealinghead Gas   Condensate     I. DESCRIPTION OF WELL AND LEASE   Cato San Andres   State, Federal or Fee     Leese Name   Weil No. Pool Name, Including Formation   Kind of Lease     Abko Federal   3   Cato San Andres     Unit Letter   A	P.O. Box 1493, Ros	well, New	Mexico 88	3201				
Aver verify   Change in Transporter of:   Dry Ges   February 2, 1988     X   Change in Ownership   Casingheed Ges   Condensate   February 2, 1988     I change of ownership give name   Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     I. DESCRIPTION OF WELL AND LEASE   Eeses Name   Veril No.   Pool Name, including Formation   Kind of Lease   Lease   Locase 7     Abko Federal   3   Cato San Andres   State, Federal or Fee   Fed.   NM403     Unit Letter   A   .   .   .   North   Line and   .   .   .   .   .   NM403     Unit Letter   A   .   .   .   .   NM403   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .<	Reason(s) for filing (Check proper bos	×)			Tother (Block			
Recompletion   Oil   Dry Gas   February 2, 1988     Change in Ownership   Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     I change of ownership give name   Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     I. DESCRIPTION OF WELL AND LEASE   State, Federal or Fee     Lease Name   Well No.   Pool Name, Including Formation     Abko Federal   3   Cato San Andres     Junit Letter   A   .   .     Line of Section   10   Township   8     Pride Pipeline Corporation   Program   Address (Give address to which approved copy of this form is to be sent)     Pride Pipeline Corporation   P.O. Box 3237, Abilene, Texas 79604     Varies Service NGL, Inc.   Yee.   Is gas actually connected?     Ive location is commingled with that fram any other lease or pool, give commingling order number:   OIL CONSERVATION DIVISION	New Well	Change (	a Transporter of	ſ:	Uner (Flease	esplain)		
X   Change in Ownership   Cesinghead Gas   Condensate   February 2, 1988     Y   Change of ownership give name   Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     I. DESCRIPTION OF WELL AND LEASE   Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     Lecese Name   Well No.   Pool Name, Including Formation   Kind of Lease     Abko Federal   3   Cato San Andres   State, Federal or Fee   Fed.     Unit Letter   A   :   .660   Feet From The	Recompletion	<b>—</b>						
address of previous owner   Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     I. DESCRIPTION OF WELL AND LEASE   Image: State, Federal for the state of the state	X Change in Ownership	C	nghead Gas	~~	Feb	ruary 2, 1988		
Address of previous owner   Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201     DESCRIPTION OF WELL AND LEASE					1			
L. DESCRIPTION OF WELL AND LEASE     Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   Lease   N M 403     Abko Federal   3   Cato San Andres   State, Federal or Fee   Fed.   N M 403     Location   4   660   Feel From The   North Line and   660   Feel From The   East     Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     Line of Authorized Transporter of Ott   And trans (Give address to which approved copy of this form is to be sent)   P.O. Box 3237, A billene, Texas 79604     State produces of of tanks.   Vont isec   Twp.   Rge.	address of previous owner	Apollo E	nergy, Inc.	, P.O. Box 80	97. Roswe	1] New Merico	89201	
Lesse Name   Weil No.   Pool Name, Including Formation   Kind of Lesse   Lesse <thlesse< th="">   Lesse   L</thlesse<>					<u>)                                      </u>	I, NEW HEALCO	00201	
Abko Federal   3   Cato San Andres   Kind of Lease   Lease   Lease   N M 403    cordion   0   3   Cato San Andres   State, Federal or Fee   Feel N M 403     Unit Letter   A  cordion   660   Feel From TheNorth Line and	DESCRIPTION OF WELL AN							
ADRO Federal   3   Cato San Andres   State, Federal or Fee   Feel   NM403     Unit Letter   A   .   .   .   .   North Line and		Well No.	Pool Name, Inc	luding Formation		Kind of Lease		Legae No
Unit Letter   A   :		<u>,</u> 3	Cato	San Andres		State, Federal or Fee	Fed.	N M 403706
Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   or Condensate   Address (Give address to which approved copy of this form is to be sent)   Pride Pipeline Corporation   P.O. Box 3237, Abilene, Texas 79604     ame of Authorized Transporter of Casinghead Cas   or Diry Gas   Address (Give address to which approved copy of this form is to be sent)     P.O. Box 3237, Abilene, Texas 79604   Oxy Cities Service NGL, Inc.   P.O. Box 4906, Midland, Texas 79702     well produces oil or liquide, ve location of tanks.   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When     his production is commingled with that from any other lease or pool, give commingling order number:   OIL CONSERVATION DIVISION     OTE:   Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION								
Line of Section   10   Township   8   Range   30   NMPM,   Chaves   Count     L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Same of Authorized Transporter of Oil and or Condensate   Address (Give address to which approved copy of this form is to be sent)   Pride Pipeline Corporation   P.O. Box 3237, Abilene, Texas 79604     Name of Authorized Transporter of Casinghead Cas or Dry Gas   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 Cas or Dry Gas   Address (Give address to which approved copy of this form is to be sent)   P.O. Box 4906, Midland, Texas 79702     Oxy Cities Service NGL, Inc.   P.O. Box 4906, Midland, Texas 79702   When     Ive location of tanks.   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When     this production is commingled with that from any other lease or pool, give commingling order number:   OIL CONSERVATION DIVISION     OTE:   Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION	Unit Letter A ; 66	50 Feet Fro	m The NO	rth Line and	660	<b>DD</b>	Part	
Itemating   C   Horge   30   NMPM,   Chaves   Count     Itematical Designation   C   Count   Count   Count   Count   Count   Count     Name of Authorized Transporter of Oll   Condensate   Address (Give address to which approved copy of this form is to be sent)   Produces of Authorized Transporter of Casinghead Gas   or Condensate   Address (Give address to which approved copy of this form is to be sent)   P.O. Box 3237, Abilene, Texas 79604     Same of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)   P.O. Box 3237, Abilene, Texas 79604     Same of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)     Oxy Cities Service NGL, Inc.   P.O. Box 4906, Midland, Texas 79702     I well produces oil or liquids, ive location of tanks.   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When     this production is commingled with that from any other lease or pool, give commingling order number:   OIL CONSERVATION DIVISION     OTE:   Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION			,			_ restrom The	LASL	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of OIL   or Condensate     Pride Pipeline Corporation   Address (Give address to which approved copy of this form is to be sent)     Jame of Authorized Transporter of Casinghead Gas   or Dry Gas     Jame of Authorized Transporter of Casinghead Gas   or Dry Gas     Jame of Authorized Transporter of Casinghead Gas   or Dry Gas     Address (Give address to which approved copy of this form is to be sent)     Oxy Cities Service NGL, Inc.   P.O. Box 4906, Midland, Texas 79702     I well produces oil or liquids, ive location of tanks.   Unit     It well produces oil or tiquide, ive location is commingled with that from any other lease or pool, give commingling order number:     OTE:   Complete Parts IV and V on reverse side if necessary.     OIL CONSERVATION DIVISION	Line of Section 10 Tow	mship	<u>8 Ra</u>	nge 30	, NMPM.	Chaves	3	-
Address (Give address to which approved copy of this form is to be sent)     Pride Pipeline Corporation     Imme of Authorized Transporter of Casinghead Gas (a) or Dry Gas     Oxy Cities Service NGL, Inc.     Imme of authorized of ransporter of Casinghead Gas (b) or Dry Gas     Imme of Authorized Transporter of Casinghead Gas (c) or Dry Gas     Imme of Authorized Transporter of Casinghead Gas (c) or Dry Gas     Oxy Cities Service NGL, Inc.     Imme of authorized of ransporter of this form is to be sent)     P.O. Box 4906, Midland, Texas 79702     Imme of tanks.     Imme of tanks.  <				,				County
Address (Give address to which approved copy of this form is to be sent)     Pride Pipeline Corporation     Imme of Authorized Transporter of Casinghead Gas or Dry Gas     Oxy Cities Service NGL, Inc.     Imme of authorized or figuide,     Imme or figuide,     Imme or figuide,     Imme or figuide,     Imme or figuide,	I. DESIGNATION OF TRANSP	ORTER OF C	DIL AND NA	TURAL GAS				
P.O. Box 3237, Abilene, Texas 79604     Image of Authorized Transporter of Casinghead Gas (A) or Dry Gas     Oxy Cities Service NGL, Inc.     Image of authorized Transporter of Casinghead Gas (A) or Dry Gas     Address (Give address to which approved copy of this form is to be sent)     P.O. Box 4906, Midland, Texas 79702     Image of tanks.     Image o	tone of Moniterran Transporter of OIT		ndensate	Address (	Give address to	which approved copy	of this form is	to be sent)
Oxy Cities Service NGL, Inc.   Address (Give address to which approved copy of this form is to be sent)     well produces oil or liquids,   Unit   Sec.     Ive location of tanks.   Unit   Sec.     this production is commingled with that fram any other lease or pool, give commingling order number:   When     OTE:   Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION				P.O. 1	Box 3237,	Abilene, Texas	79604	
Image: Sector of the light	OXV Cities Service NCI	Inghead Gas [7]	or Dry Gas	Address (	Give address to	which approved copy a	of this form is	to be sent!
Implify produces oil or liquids, interpretation of tanks.   Implify Production of tanks.     Interpretation of tanks.   Implify Production is commingled with that from any other lease or pool, give commingling order number:     OTE:   Complete Parts IV and V on reverse side if necessary.     . CERTIFICATE OF COMPLIANCE   OIL CONSERVATION DIVISION	ery cruce NGL,			P.O. I	30x 4906,	Midland, Texas	79702	
this production is commingled with that from any other lease or pool, give commingling order number: OTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION		Unii Sec.	Twp.	Rge. Is gas act	ually connected	7 When		
OTE: Complete Parts IV and V on reverse side if necessary. . CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION	ive location of langs,	·				i i		
OTE: Complete Parts IV and V on reverse side if necessary. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION	this production is commingled with	h that from any	other lease o	r pool, give comm	ngling order			
. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION								•
		on reverse su	te if necessary	<b>7.</b>				
	. CERTIFICATE OF COMPLIAN	ICE						
Steps certily that the rules and regulations of the Oil Communica Division II and II a				11		• -		
in complied with and that the information given is true and complete to the best of	reby certify that the rules and regulation	ns of the Oil Con	servation Divisio	n have APPRO	VED	MAR 3 1 100	)n	

been complied with and that the information given is true and complete to the best of my knowledge and belief.
O
(Signature)
Christian Deleris - President
(Tule)
January 29, 1988
(Date)

Ċ	IL CONSERVATION DIVISION
APPROVED.	MAR 3 0 1988
	ORIGINAL SIGNED BY JEDDY CHIMAN
	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 CalO4 must be filed for

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

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IV. COMPLETION DATA		1 OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completic	on – (X)		! . !					1 <u>1</u>	1 
Date Spudded		. Ready to P	tod.	Totai Depi			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	ngtion	Top Oll/Ge	ns Poy		Tubing Dep	th	
Perferations	]			<u> </u>			Depth Casis	ng Shoe	
		TURING	CASING, AN	DCEMENT	NG RECOR	D			
		NG & TUBI		T	DEPTH SE		5/	CKS CEME	NT
HOLE SIZE	CASI	NG a luai	NO 3122						
								aval to ot exc	and top allow

# V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lo old WELL able for this depth or be for full 24 hours)

Date First New Oli Run To Tanks	Date of Test	Producing Method (Flow, pump, ges lift, etc.)		
Length of Test	Tubing Pressue	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll-Bbls.	Water - Bble.	Gas • MCF	

GAS	WELL al Prod. Tect-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Teau	ing Method (piloi, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-im)	Choke Size
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