STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78
DISTRIBUTION OIL CONSERVATION DIVISION	Format 06-01-83 Page 1
P. O. BOX 2088	-
U.S.O.A. SANTA FE, NEW MEXICO 87501	
TRANSPORTER OL REQUEST FOR ALLOWABLE	
OPERATOR AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
1. Operation	
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:	
Recompletion II Oil Dry Gas JULY 1, 1986	
Change in Ownership Casinghead Gas Condensate	
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.
Cato""B" Federal 1 Cato San Andres Store, Federal or F	•• Federal NM0177517
Location	
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The	West
Line of Section 1.4 Township 85 Range 30E , NMPM,	<b>A</b> .
	Chaves County
	Chaves County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Chaves
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cil 3 or Condensate   PRIDE PIPELINE CORPORATION   PRIDE PIPELINE CORPORATION	opy of this form is to be sent) EXAS 79604
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cill or Condensate   PRIDE PIPELINE CORPORATION P.O. BOX 3237   Name of Authorized Transporter of Casinghead Gas or Dry Gas   Address (Give address to which approved cill   OXY CITIES SERVICE NGL, INC. P.O. BOX 4906	EXAS 79604 opy of this form is to be sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cill (2) or Condensate (Give address to which approved of PRIDE PIPELINE CORPORATION P.O. BOX 3237 ABILENE, T   Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved of CASING Address (Give address to which approve	EXAS 79604 opy of this form is to be sent)
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cill ar Condensate   PRIDE PIPELINE CORPORATION P.O. BOX 3237   Name of Authorized Transporter of Casinghead Gas or Dry Gas   OXY CITIES SERVICE NGL, INC. P.O. BOX 4906   Multiproduces oil or liquids, five location of tanks. Unit   If this production is commingled with that from any other lease or pool, give commingling order number: when   NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION   VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION APPROVED   I hereby certify that the rules and tegulations 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. OIL CONSERVATION	VIEVES PPY of this form is to be sent/ EXAS 79604 PPY of this form is to be sent/ XAS 79702 VIEVISION 1.81986, 19 VIERRY SEXTON
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cill and Condensate   PRIDE PIPELINE CORPORATION   Name of Authorized Transporter of Casinghead Gas   OXY CITIES SERVICE NGL, INC.   P.O. BOX 3237   Address (Give address to which approved composed of Authorized Transporter of Casinghead Gas   OXY CITIES SERVICE NGL, INC.   P.O. BOX 4906   Mill produces oil or liquids,   If well produces oil or liquids,   If this production is commingled with that from any other lease or pool,   give location of tanks.   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.	VIEVES PPY of this form is to be sent) EXAS 79604 PPY of this form is to be sent) XAS 79702 VIEVISION 1.81986, 19 VERRY SEXTON
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cill a or Condensate   PRIDE PIPELINE CORPORATION   P.O. BOX 3237   Address (Give address to which approved end   OXY CITIES SERVICE NGL, INC.   P.O. BOX 4906 MIDLAND, TE   OXY CITIES SERVICE NGL, INC.   If well produces oil or liquide, qive lacation of tanks.   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 information given is true and complete to the best of my knowledge and belief.	VIEVES PPY of this form is to be sent) EXAS 79604 PPY of this form is to be sent) XAS 79702 V DIVISION 1.81986, 19 IERRY SEXTON RVISOR
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