## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION     |     | 1 |   |  |
|------------------|-----|---|---|--|
| SANTA PE         |     |   |   |  |
| FILE             |     |   |   |  |
| U.1.0.5,         |     |   |   |  |
| LAND OFFICE      |     | 1 | _ |  |
| TRANSPORTER      | 01. |   |   |  |
|                  | GAL |   |   |  |
| OPERATOR         |     |   |   |  |
| PROBATION OFFICE |     | 1 |   |  |

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I  | AUTHORIZATION TO TRANSF                | PORT OIL AND NATU  | RAL GAS                                 |   |  |  |
|--|--|--|---|---|--|--|
| Operator   | ·                                      |  |   |   |  |  |
| APOLLO ENERGY, INC   | С.                                     |  |   |   |  |  |
| P.O. BOX 5315  | HOBBS, NEW MEXICO 88                   | 241  |   |   |  |  |
| Resson(s) for filing (Check proper box)  |  | Other (Please  | ezpiain)                                |   |  |  |
| New Wall   |  |  |   |   |  |  |
| Recompletion   | ☑ O11 □ ▷                              | y Gas JULY   | 1, 1986                                 |   |  |  |
| Change in Ownership  | Casinghead Gas Co                      | andens at e  |   |   |  |  |
| If change of ownership give name and address of previous owner   |  |  |   |   |  |  |
| II. DESCRIPTION OF WELL AND LE   |  |  |   |   |  |  |
| Lease Name   | Well No. Pool Name, including Fi       |  | Kind of Lease<br>State, Federal or Fe   | <b></b>   | Legse No.  |  |
| Cato C Federal   | 1 Cato San And                         |  | Store, redetar or re                    | rederal   | NM0444628  |  |
| Unit Letter J : 1980   | Feet From The South Lin                | and 1980   | Feet From The                           | East  |  |  |
| Line of Section 14 Township  | p 8 Range 3                            | 0 , имрм   | _                                       | Chaves  | County   |  |
| Name of Authorized Transporter of Oil APRIDE PIPELINE CORPORD Name of Authorized Transporter of Casinghe OXY CITIES SERVICE NGI If well produces oil or liquids, give location of tanks.  If this production is commingled with the NOTE: Complete Parts IV and V on | or Condensate                          | P.O. BOX 3237 Address (Give address) P.O. BOX 4906 Is gas actually connected                 | ABILENE, TE                             | EXAS 79604<br>py of this form is  |  |  |
| VI. CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation Division have   |  |  |   |   |  |  |
| been complied with and that the information give<br>my knowledge and belief.   | en is true and complete to the best of | RY OPIGIN  | AL SIGNED BY JER                        | RY SEXTON   |  |  |
|  |  | r  | STRICT I SUPERV                         | /ISOR   |  |  |
| MOHAMMED YAMIN MERCHAI PRESIDENT  (Date)   |  | If this is a required, this form must tests taken on the All sections of able on new and re- | well in accordance<br>this form must be | for a newly drill<br>by a tabulation of<br>with RULE it<br>filled out compl | ed or deepened<br>of the devistion<br>1.<br>etely for allow- |  |

ARCENTO 1000