

LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 1088
SANTA FE, NEW MEXICO 87501

Form C-181
Revised 10-1-73

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)		Object (Please explain)	
New Well ☐	Change in Transporter of:	Effective October 1, 1983	
Recompletion ☐	Oil ☒ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CATO C FEDERAL	1	Cato San Andres	State, Federal or Fee FEDERAL	NMO44462 8

Location

Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST

Line of Section 14 Township 8 Range 30 , NMPL 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 1182 HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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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	Shut-in	Well, Heavy
Date Spurred	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviation (DF, RHH, RT, CL, etc.)	Name 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
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

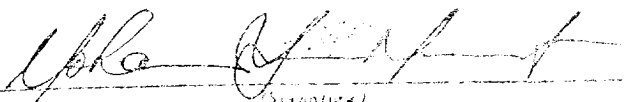
Date First New Oil Run To Surface	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Prod.	Water-Prod.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boil. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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.



Vice President

OIL CONSERVATION DIVISION

APPROVED **OCT 5 1983**

BY **ORIGINAL SIGNED BY EDDIE SEAY**
OIL & GAS INSPECTOR

TITLE

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 allow