

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

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.

Operator: **APOLLO ENERGY, INC.**

Address: **P.O. BOX 5315 HOBBS, NEW MEXICO 88241**

Reason(s) for filing (Check proper box):

|  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Recompletion        | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain): **JULY 1, 1986**

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

II. DESCRIPTION OF WELL AND LEASE

|                                       |   |  |   |                              |
|---------------------------------------|---|--|---|------------------------------|
| Lease Name<br><b>Crosby A Federal</b> | Well No.<br><b>1</b>  | Pool Name, including Formation<br><b>Cato San Andres</b> | Kind of Lease<br>State, Federal or Fee <b>Federal</b> | Lease No.<br><b>NM142233</b> |
| Location                              |   |  |   |                              |
| Unit Letter <b>P</b>                  | <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> |  |   |                              |
| Line of Section <b>8</b>              | Township <b>8</b>   | Range <b>30</b>  | NMPM, <b>Chaves</b> County                            |                              |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>PRIDE PIPELINE CORPORATION</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 3237 ABILENE, TEXAS 79604</b> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>OXY CITIES SERVICE NGL, INC.</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 4906 MIDLAND, TEXAS 79702</b> |
| If well produces oil or liquids, 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: \_\_\_\_\_

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.

*Mohammed Yamin Merchant*  
(Signature)  
**MOHAMMED YAMIN MERCHANT**  
(Title)  
**PRESIDENT**  
(Date)  
**JUNE 12, 1986**

OIL CONSERVATION DIVISION  
**JUN 18 1986**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **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 C-104 must be filed for each pool in multiple completed wells.