

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE	
TIME	
OFFICE	
TRANSPORTER	
REGISTRATION	
REGISTRATION OFFICE	

APOLLO ENERGY, INC.

P. O. BOX 5315, HOBBS, NEW MEXICO 88241

Reason(s) for filing (check proper box)

Gas well ☐ Change in Transporter of: ☐
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

EFFECTIVE DATE MARCH 17, 1983

Change of ownership give name and address of previous owner: Apollo Production Company, P. O. Box 68, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
CATO B FEDERAL	3	CATO SAN ANDRES	State, Federal or Fee	NM 0177517
Location	D	660	North	660
Well Letter			Feet From The	WEST
Line of Section	23	T. 8	Range	30
			N.M.P.M.	CHAVES

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)
Mobil Pipeline Co., Production Department	P. O. Box 900, Dallas, Texas 75211
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	P. O. Box 4906, Midland, Texas 79702
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order numbers:

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in	Full Well
Completed	Core Compl. Heavy to Prod.	Total Depth	N.B.T.D.					
Locations (DE, RES, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Productions	Depth Casing shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

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

NEW WELL

Test Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (Flow, back pr.)	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 is true and complete to the best of my knowledge and belief.

Upham A. Merchant
(Signature)

Vice President

March 17, 1983

OIL CONSERVATION DIVISION

APPROVED

MAR 30 1983
ORIGINAL SIGNED BY EDDIE SEAY

BY

TITLE OIL & GAS INSPECTOR

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 deviated tests taken on the well in accordance with RULE 111.

All portions 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 name, well name or number, or transporter or other such changes of conditions.

Separate Form O-104 must be filed for each pool in newly recompleted wells.