

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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 type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
**Change of Well Name From UT Crosby Effective May 1, 1986**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>UT Crosby 2</b>	Well No. <b>9</b>	Pool Name, including Formation <b>Cato (San Andres)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>9</b> Township <b>8S</b> Range <b>30E</b> , NWPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Mobil Pipeline Co.</b>	<b>Box 900 Dallas, Texas 75221</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Oxy Cities Service NGL, Inc.</b>	<b>P.O. Box 300 Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>L</b> Sec. <b>9</b> Twp. <b>8S</b> Rge. <b>30E</b>	<b>Yes</b> <b>NA</b>

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.

*Betty R. Swafford*  
(Signature)

Administrative Assistant

(Title)

June 13, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 18 1986** 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT I SUPERVISOR

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 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 multiply completed wells.

RECEIVED  
JUN 16 1986  
C.C.D.  
HOBBS OFFICE