

OIL CONSERVATION DIVISION
P. O. BOX 20118
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

Address

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

Person(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

EFFECTIVE DATE MARCH 17, 1983

Change of ownership give name
of address of previous owner

Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Lease Name

CATO D FEDERAL

Well No.

1

Pool Name, Including Formation

CATO SAN ANDRES

Kind of Lease

State, Federal or Fed FEDERAL

Lease No.

NM0354427

Location

Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST

Line of Section 23

Township 8

Range 30

NMPM,

CHAVES

County

SIGNATURE 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. Proration Department

P. O. Box 900, Dallas, Texas 75221

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

Does well produce oil or liquids,
give location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? When

If gas 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	Same Res't.	Diff. Res't.
Is Spudded								
Date Compl. Ready to Prod.								
Total Depth								
P.B.T.D.								
Conditions (DF, RAB, RT, CR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
NEW 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)

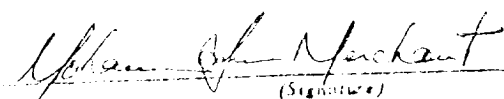
Date of Test	Producing Method (Flow, pump, gas lift, etc.)
First New Oil Run To Tanks	
Length of Test	
Tubing Pressure	Casing Pressure
Choke Size	
Oil - Bbls.	Water - Bbls.
Gas - MCF	

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Oil Prod. Test - MCF/D		
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Producing Method (flow, back pr.)		

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.


(Signature)

Vice President

(Title)

March 17, 1983

(Date)

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

All sections of this form must be filled out completely for all wells 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 complete.

Separate Form C-104 must be filed for each pool in multiple completed wells.