

NO. OF LPMs DESIRED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

Operator		APOLLO ENERGY, INC.		
Address		P.O. BOX 5315 HOBBS, NEW MEXICO 88241		
Reason(s) for filing (Check proper box)		Other (Please explain)		
<input type="checkbox"/> New Well	Change in Transporter of:	JULY 1, 1986		
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil			<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas			<input type="checkbox"/> Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crosby H	Well No. 1	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>9</u> Township <u>8</u> Range <u>30</u> , NMPM, Chaves 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)	
PRIDE PIPELINE CORPORATION					P.O. BOX 3237 ABILENE, TEXAS 79604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
OXY CITIES SERVICE NGL, INC.					P.O. BOX 4906 MIDLAND, TEXAS 79702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trp.	Reg.	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

APPROVED JUN 18 1986, 1986
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 multiple completed wells.

RECEIVED
JUN 12 1986
O.C.P.
HOBBS OFFICE