

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

0 + 4 NMOC Hobbs

1 File

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| U.S.S.                 |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |

Operator  
APOLLO ENERGY, INC.Address  
P.O. Box 5315, Hobbs, New Mexico 88241

|                                                         |                                                                                          |
|---------------------------------------------------------|------------------------------------------------------------------------------------------|
| Reason(s) for filing (Check proper box)                 | Other (Please explain)                                                                   |
| New Well <input type="checkbox"/>                       | Change in Transporter of: Effective                                                      |
| Recompletion <input type="checkbox"/>                   | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> January 1, 1984 |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> 7:00 A.M.    |

If change of ownership give name and address of previous owner  
ARCO OIL & GAS COMPANY P.O. Box 1710, Hobbs, New Mexico 88240

|                                                                                     |                                            |
|-------------------------------------------------------------------------------------|--------------------------------------------|
| DESCRIPTION OF WELL AND LEASE                                                       |                                            |
| Lease Name<br>L. C. Harris                                                          | Well No.<br>2                              |
| Pool Name, including Formation<br>Cato San Andres                                   | Kind of Lease<br>State, Federal or Fee Fee |
| Location<br>Unit Letter A : 660 Feet From The North Line and 660 Feet From The East |                                            |
| Line of Section 22 Township 8S Range 30E, NMPM, Chaves                              | County                                     |

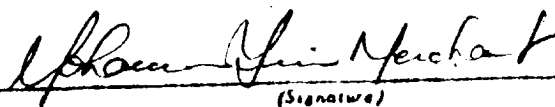
|                                                                                                                                                              |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                                            |                                                                                                                 |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Corporation Permian (EH. 9/1/87) | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183, Houston, Texas 77001 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Cities Service Oil Company       | Address (Give address to which approved copy of this form is to be sent)<br>Box 300, Tulsa, Okla. 74102         |
| If well produces oil or liquids, give location of tanks.<br>Unit P Sec. 15 Twp. 8S Rge. 30E                                                                  | Is gas actually connected? When<br>Yes 8-9-68                                                                   |

If this 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 Scale test Diff. flow |
| Date Spudded                         | Date Compl. Ready to Prod.                                                 |
| Elevations (DF, RKB, RT, CR, etc.)   | Name of Producing Formation                                                |
| Perforations                         | Top Oil/Gas Pay                                                            |
| TUBING, CASING, AND CEMENTING RECORD |                                                                            |
| HOLE SIZE                            | CASING & TUBING SIZE                                                       |
| DEPTH SET                            |                                                                            |
| SACKS CEMENT                         |                                                                            |

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL |                                               |
| Date First New Oil Run To Tanks              | Date of Test                                  |
| Length of Test                               | Producing Method (Flow, pump, gas lift, etc.) |
| Actual Prod. During Test                     | Tubing Pressure                               |
|                                              | Casing Pressure                               |
|                                              | Choke Size                                    |
|                                              | Water-Bble.                                   |
|                                              | Gas-MCF                                       |

|                                  |                           |
|----------------------------------|---------------------------|
| GAS WELL                         |                           |
| Actual Prod. Test-MCF/D          | Length of Test            |
| Testing Method (pilot, back pr.) | Tubing Pressure (shot-in) |
|                                  | Casing Pressure (shot-in) |
|                                  | Choke Size                |

|                                                                                                                                                                                                            |                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE OF COMPLIANCE                                                                                                                                                                                  | OIL CONSERVATION DIVISION                                                                                                                                                               |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | APPROVED JAN 4 1984                                                                                                                                                                     |
| <br>(Signature)                                                                                                          | BY ORIGINAL SIGNED BY JERRY SEXTON                                                                                                                                                      |
| Vice President<br>(Title)                                                                                                                                                                                  | DISTRICT I SUPERVISOR                                                                                                                                                                   |
| December 30, 1983<br>(Date)                                                                                                                                                                                | TITLE                                                                                                                                                                                   |
|                                                                                                                                                                                                            | This form is to be filed in compliance with RULE 1104.                                                                                                                                  |
|                                                                                                                                                                                                            | If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 110. |
|                                                                                                                                                                                                            | All sections of this form must be filled out completely for all able on new and recompleted wells.                                                                                      |
|                                                                                                                                                                                                            | Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.                                                             |
|                                                                                                                                                                                                            | Separate Form C-104 must be filed for each pool in high commingled wells.                                                                                                               |

RECEIVED  
JAN 3 1984  
O.C.D.  
HOBBY OFFICE