

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DETERMINATION	
LAND AREA	
FILE	
USUAL	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

APOLLO ENERGY, INC.

Address

P. O. BOX 5315 HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter Lb.	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Crude/Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Effective October 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, Including Formation	Kind of Lease	Lease No.
Brown Federal	2	Cato San Andres	State, Federal or Fee Federal	NM0276225

Location

Unit Letter J 1980 Feet From The East Line and 1980 Feet From The South

Line of Section 22 Township 8S Range 30E N.M.P.M. Chaves County

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)
KOCH OIL COMPANY	1725 N. GRIMES HOBBS, NEW MEXICO 88240
Name of Authorized Transporter of Gas, Dry Gas ☐ or Wet Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion -- (C)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Heave	Diff. Heave
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

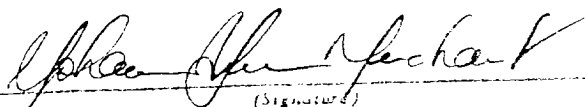
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Casing 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
above is true and complete to the best of my knowledge and belief.Vice President
(Title)October 1, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 5 1983, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

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 deviation
tools taken on the well in accordance with RULE 2.111.All sections of this form must be filled out completely for allow-
able 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 Form O-101 must be filed for each pool in multiple
completed wells.

RECEIVED
OCT 3 1983
O.C.D.
MOBBS OFFICE

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