

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PERMITS OFFICE	
Operator	

APOLLO ENERGY, INC.
Address

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

Reason(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

If change of ownership give name
and address of previous owner

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

DESCRIPTION OF WELL AND LEASE

Lease Name BASKETT E	Well No. 2	Pool Name, including Formation CATO SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
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Location

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

Line of Section 15 Township 8 Range 30, NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Mobil Pipeline Co. Proration Department

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Cities Service Oil Company

If well produces oil or liquids,
give location of tanks.

Unit Sec. Twp. Rge.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 900, Dallas, Texas 75221

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 4906, Midland, Texas 79702

Is gas actually connected? When

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 ☐Same Res'v. ☐Diff. Res'v. ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, 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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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.

(Signature)

Vice President

(Title)

March 17, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAR 30 1983

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BY

ORIGINAL SIGNED BY EDDIE SEAY

OIL & GAS INSPECTOR

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.

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RECEIVED
MAR 29 1983

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C.C.D.
HOLDS OFFICE