

OIL CONSERVATION DIVISION

P. O. BOX 2038
SANTA FE, NEW MEXICO 87501O+4 NMOCD
1 FILEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF EXPIRY REQUIRED	
DETERMINATION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION 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 ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

EFFECTIVE DECEMBER 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hodges A Federal	2	Cato San Andres	State, Federal or Fee Federal	NM022636
Location	Unit Letter	Feet From The	Line and	Feet From The
	M	660	South	660
			West	
Line of Section	27	Township	8S	Range
			30E	NMPM
			Chaves	Count

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)					
PERMIAN CORPORATION	P. O. BOX 1183 HOUSTON, TEXAS 77001					
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 & GAS CORPORATION	P. O. BOX 4906 MIDLAND, TEXAS 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	27	8	30	Yes	8-15-68
If this production is commingled with that from any other lease or pool, give commingling order number:					CTB-176	

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Tests	Diff. Test
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKB, RT, CR, 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)

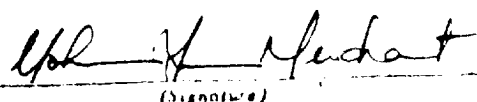
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Chore 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)

NOVEMBER 28, 1983

(Date)

OIL CONSERVATION DIVISION

DEC 5 1983

APPROVED

19

BY

JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 100A.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the visible tests taken on the well in accordance with RULE 111.

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 the gas of gas well name or number, or transporter of oil or casinghead gas.

Separate Form C-101 must be filed for each pool in multi-completed wells.