

OIL CONSERVATION DIVISION
P. O. BOX 1088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: OPERATOR	
TO: DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

APOLLO ENERGY, INC.

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead 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 Brown Federal	Well Name, Pool Name, or Producing Formation 1 Cato San Andres	Kind of Lease State, Federal or Free Federal	Lease No. NM0276225
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 26 Township 8S Range 30E NMPM Chaves County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) 1725 N. GRIMES HOBBS, NEW MEXICO 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry 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.	Range	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 -- ()	Oil Well	Gas Well	New Well	Workover	Deepen	Flow Back	Shut In	Drill Heavy
Date Spudded	Date Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (Dr, RNB, RI, 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)

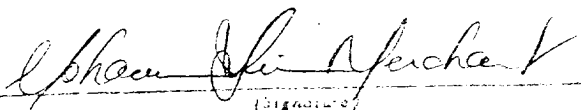
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Rate	Water-Rate	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	WGR. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	Testing Pressure (shot-in)	Casing Pressure (shot-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
(Date)October 1, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 5 1983
ORIGINAL SIGNED BY EDDIE SEAYBY
OIL & GAS INSPECTORTITLE
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 location, or transporter, or other such change of condition.
Separate forms (this) must be filed for each pool in multiple completed wells.