

APPROPRIATE AGENCIES	
DATE OF REVIEW	
REVIEWER	
FILE	
REMARKS	
LAND OFFICER	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

P. O. BOX 5315
ROBES, NEW MEXICO 88141

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

Address

P. O. BOX 5315 ROBES, NEW MEXICO 88141

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

Other (please explain)

Effective October 1, 1983

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Loc. Name, Including Location	Kind of Lease	Lease No.
Cato D Federal	2	Cato San Andres	State, Federal or Free Federal	NM0354427

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 23 Township 8 Range 30, NMM, 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)
PERMIAN CORPORATION	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)

If well produces oil or liquids, give location of tanks. Is gas actually connected? When

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	Shut Heavy	Thin Heavy
Date Spudded	Time Casing Ready to Run	Total Depth	P.A.T.D.					
Deviations (DP, RAB, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 (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)

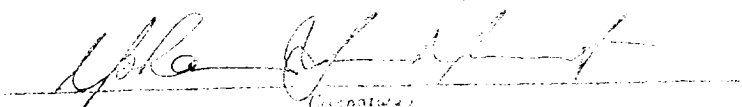
Date First New Oil Flow To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Choke Size	Water-Cut	Gas-MCF

AS WELL

Actual First Test-MCF/D	Length of Test	Water-Condensate/MCF	Gravity of Condensate
Casing Method (Flow, Gas Lift)	Testing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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.


Vice President
(Title)

October 1, 1983
Date

OIL CONSERVATION DIVISION

OCT 5 1983

APPROVED
ORIGINAL SIGNED BY EDDIE SEAY

TITLE
OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 111.

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

All sections of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only sections I, II, III, and VI for changes of owner, and name or number, or transportation after such change of condition.

Separate Forms O-101 must be filed for each pool in multiple completed wells.

RECEIVED
OCT 3 1983
O.C.D.
HOBB'S OFFICE