

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

O+4 NMOCB
1 FILE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
MAIL	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

APOLLO ENERGY, INC.

Address P. O. BOX 5315 HOBBS, NEW MEXICO 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
EFFECTIVE DECEMBER 1, 1983	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hodges C Federal	Well No. 1	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal NM022636
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West			
Line of Section 22 Township 8S Range 30E, NMPM, Chaves County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183 HOUSTON, TEXAS 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ CITIES SERVICE OIL & GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4906 MIDLAND, TEXAS 79702					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 8	Rge. 30	Is gas actually connected? Yes	When 7-30-68
						CTB-175

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 as prev. Well	Unit	Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B. P.D.			
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tearing 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)

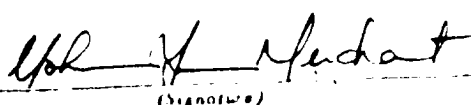
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pucc, 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.



VICE PRESIDENT
(Title)

NOVEMBER 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 5 1983**
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE
This form is to be filed in compliance with N.M.C.R. 100.4.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a certification of the device tests taken on the well in accordance with N.M.C.R. 100.4.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for the purpose of the well name or number, or transporter information only. Do not fill out Sections I, II, III, and VI for each well.
Separate Forms (1-10) must be filed for each pool in multi-well areas.