

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
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SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Apollo Energy, Inc.

Address: P. O. Box 5315 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain): <u>Effective March 1, 1987</u>
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hodges B Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cato San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM022636</u>
Location				
Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>8S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Pride Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3237 Abilene, Texas 79604</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Oxy Cities Service NGL, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4906 Midland, Texas 79702</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>34</u>
	Twp. <u>8</u>	Rge. <u>30</u>
	Is gas actually connected? <u>Yes</u> When <u>8-15-68</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-176

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of
my knowledge and belief.

Mohammed Yamin Merchant

(Signature)

President

February 12, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987, 19BY Eddie W. SeayTITLE Oil & Gas Inspector

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 allow-
able 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 multiply
completed wells.