

DATE RECEIVED	
DISTRIBUTION	
DATE	
TIME	
BY	
FIELD OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASAPOLLO 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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

EFFECTIVE DATE MARCH 17, 1983

Change of ownership give name  
and address of previous owner

Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

## DESCRIPTION OF WELL AND LEASE

Lease Name CATO A FEDERAL	Well No. 3	Pool Name, including Formation CATO SAN ADDRESS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 0177517
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Location

Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WESTLine of Section 15 Township 8 Range 30 , NMPM, 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)

Mobil Pipeline Co. Proration Department

P. O. Box 900, Dallas, Texas 75221

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 Company

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

(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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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)

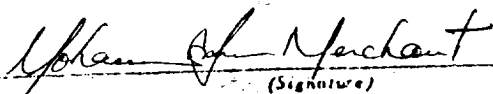
Ann First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

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

  
(Signature)

Vice President

(Title)

March 17, 1983

(Date)

## OIL CONSERVATION DIVISION

MAR 30 1983

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL &amp; 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 deviated 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 number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filled for each pool in multiple completed wells.

**RECEIVED**

**MAR 29 1983**

**O.C.D.  
HOBBS OFFICE**