

OIL CONSERVATION DIVISION

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

0 + 4 NMOC Hobbs
1 File

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
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 ☐	Effective
Recompletion ☐	January 1, 1984
Change in Ownership ☒	7:00 A.M.
Change in Transporter of:	
Oil ☒	
Dry Gas ☐	
Coastinghead Gas ☐	
Condensate ☐	

If change of ownership give name and address of previous owner ARCO OIL & GAS COMPANY P.O. Box 1710, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease A
Winkler Federal	2	Cato San Andres	State, Federal or Fee	Federal
Location				
Unit Letter	0	1980 Feet From The East Line and 660 Feet From The South		
Line of Section	28	T. 8S Range 30E	NMPM	Chaves

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	P.O. Box 1183, Houston Texas 77001
Name of Authorized Transporter of Coastinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	Box 300, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	
M 28 8S 30E	yes 8-17-68

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	Some Reentry	Drill. Re-
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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top of well 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
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 (psit, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Cross 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.

John A. Percher
(Signature)

Vice President
(Title)

December 30, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 4 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE

This form is to be filed in compliance with rule C-1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with rule C-111.
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 changes of well name or number, or transportation of other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-completed wells.

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1984 JAN 3 1984

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