

OIL CONSERVATION DIVISION

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

0 + 4 NMOCB Hobbs
1 File

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

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

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
January 1, 1984
7:00 A.M.

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 Winkler Federal	Well No. 8	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line of Section 29 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Okla. 74102	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. M 28 8S 30E	Is gas actually connected? yes	When 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 Same Res'v. Diff. Res.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations				

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 oil able for this depth or be for full 24 hours)

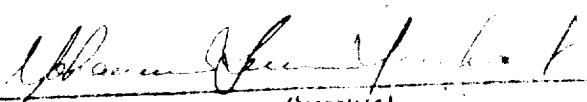
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-bbls.	water-bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	bbls. Condensate/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
December 30, 1983
(Date)

OIL CONSERVATION DIVISION
JAN 4 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____
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 device tests taken on the well in accordance with RULE 1111.
All sections of this form must be filled out completely for all wells in new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation or other such change of ownership.
Separate Form C-104 must be filed for each pool in newly completed wells.