| STATE OF NEW MEXICO | MENT | | | | • | | | | Form C-104 Revised 10-0 | 1.78 |
|--|--|----------------------|------------------|-----------------|-------------------|-----------------|---------|---|----------------------------|------------|
| DISTRIBUTION | OIL CONSERVATION DIVIS | | | | | Format 06-01-83 | | | | |
| LANTA FE | P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 | | | | | | | Page I | | |
| 71LE | | | | | | | | | | |
| LAND OFFICE | | | SARIAI | ۰ | | | | | | |
| TRANSPORTER OIL | · • _ | | DEOL | | | | | | | |
| OPERATOR | REQUEST FOR ALLOWABLE AND | | | | | | | | | |
| PRORATION OFFICE | | TUOD | 7471011 70 | | | | | | | |
| Ι. | AU | | ZATION TO | IKANS | FURIUIL | ANU N | ALU | KAL GAS | | |
| Operator | | | | | | | | | | |
| APOLLO ENERGY, INC | | | | | | | | | | |
| Address | | | ······ | | | | · | | | |
| P.O. BOX 8097 ROS | WELL NEW | MEX | ICO 883 | 201 | | • | | | | |
| Reason(s) for filing (Check proper | box) | | | | | Other (P | lease | explain) | | |
| Now Well | Ch | ange in | Transporter o | l: | | | | | | |
| Recompletion | | 011 | | - 🗌 ы | ry Gas | EFFI | ECTI | VE 1-SEP-87 | | |
| X Change in Ownership | | Casin | ghead Gas | c. | ondensate | | | | | |
| If change of ownership give name and address of previous owner_ | | | OIL & GAS | hrci 5 A P.O | . вох | 1714 1 | ELDC | DRADO AR. 717 | 30 | |
| II. DESCRIPTION OF WELL | | <u>E</u> 11 No. 1 | Pool Name, In | aludina E | <u> </u> | | | Kind of Lease | | |
| | 1 | | | | | | | | EDEDAT N | Legae No. |
| WOODMAN FEDERAL | | 2 | CATO (SA | AN AND | KES) | <u> </u> | | State, Federal or Fee F | EDERAL N | 1–0346362 |
| Location Unit Letter E ; | <u>1980</u> Fe | | n The <u>NOR</u> | | | 60 | <u></u> | Feet From TheWE | ST | |
| Line of Section 28 | Township | <u>8S</u> | R | ange | <u>30E</u> | , N | IMPM, | CHAVES | | County |
| III. DESIGNATION OF TRA | NSPORTER | OF_O | DIL AND NA | ATURAI | . GAS | | | | | - U |
| Name of Authorized Transporter of PERMIAN | on A | or Co | ndensate 🗌 | | Address (P.O. | BOX 11 | 183, | o which approved copy o HOUSTON, TX. | 77001 | |
| Name of Authorized Transporter of CITIES SERVICE | Cosinghead (| 508 👗 | or Dry Ga | s 🗔 | P.0. | BOX 3 | 300 | | of this form is to 4102 | o be sent) |
| If well produces oil or liquids, give location of tanks. | | , sec. 1 28 | Twp. | Rge. 30E | ls gas ac Y | ES | necte | d? When 8/13 | /68 | |

If this production is commingled with that from any other lesse or pool, give commingling order number:

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.

| andrew T. Prostridge |
|----------------------|
| ROJI (Signature) |
| FOCTSF |
| (Date) |

| OIL | CONSERVATION DIVISION |
|----------|--|
| APPROVED | |
| BY | Orig. Signed by |
| TITLE | Paul Rautz Geologist |
| | SA S |

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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 conditio:

Separate Forms C-104 must be filed for each pool in multipl completed wells.