

OIL CONSERVATION DIVISION

P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

O+4 NMCD
1 FILE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

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 ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

EFFECTIVE DECEMBER 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Amco Federal	Well No. 9	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal NM	Lease No. 0155254A
Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line of Section 33 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 & GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4906 MIDLAND, TEXAS 79702					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 33	Twp. 8	Rge. 30	Is gas actually connected? Yes	When 8-15-68

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 well	Both
Date Spudded	Date Compl. ready to prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, 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 oil rate for this depth or be for full 24 hours)

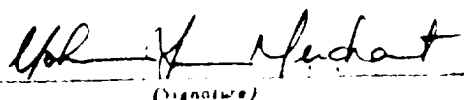
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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



VICE PRESIDENT

NOVEMBER 28, 1983

OIL CONSERVATION DIVISION

APPROVED DEC 5 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with rule O-101.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with Rule O-101.

All sections of this form must be filled out on a separate sheet for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for existing oil or gas well having or having been transported in excess of 100,000 bbls.

Separate Form O-104 must be filed for each pool in multi-completed wells.

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF PRODUCING WELLS	
REGISTRATION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

APOLLO 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 October 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Amco Federal	Well No. 9	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM0155254A
Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line of Section 33 Township 8S Range 30E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) 1725 N. GRIMES HOBBS, NEW MEXICO 88240	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, 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

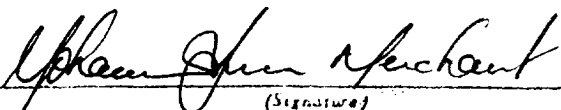
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

(Title)

October 1, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 5 1983**, 19BY **ORIGINAL SIGNED BY EDDIE SEAYOR**TITLE **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
test 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 Form C-104 must be filed for each pool in multiple-
completed wells.

RECEIVED
OCT 3 1983
O.C.D.
HOBBS OFFICE