

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

DEPT. OF APPLIED SCIENCE	
DISTRIBUTION	
SANTA FE	
FILE	
M.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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 ☐ Casinghead 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 Winkler Federal	Well No. 10	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease To
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 32 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 M	Sec. 28
	Twp. 8S	Rge. 30E
	Is gas actually connected? when 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	Same Res'v.	Drill. Res'
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 oil able for this density or be for full 24 hours)

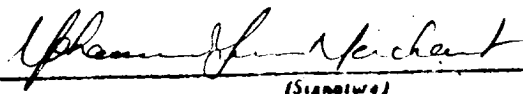
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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
(Title)December 30, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 4 1984

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 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 111.

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

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