

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|   |   |
|---|---|
| Operator<br>APOLLO ENERGY, INC.   |   |
| Address<br>P.O. BOX 8097 ROSWELL, NEW MEXICO 88201  |   |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate<br>EFFECTIVE 1-SEP-87 |

If change of ownership give name and address of previous owner: QUANICO OIL & GAS P.O. BOX 1714 ELDORADO AR. 71730

II. DESCRIPTION OF WELL AND LEASE

|                               |                |  |  |                        |
|-------------------------------|----------------|--|--|------------------------|
| Lease Name<br>WOODMAN FEDERAL | Well No.<br>5  | Pool Name, including Formation<br>CATO ( SAN ANDRES) | Kind of Lease<br>State, Federal or Fee FEDERAL | Lease No.<br>N-0346362 |
| Location                      |                |  |  |                        |
| Unit Letter<br>A              | : 660          | Feet From The<br>NORTH                               | Line and<br>660                                | Feet From The<br>EAST  |
| Line of Section<br>29         | Township<br>2S | Range<br>30E   | , NMPM, CHAVES County                          |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| PERMIAN  | P.O. BOX 1183 HOUSTON, TX., 77001  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| CITIES SERVICE   | P.O. BOX 300 TULSA, OK., 74102   |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| F 28 8S 30E  | YES 8/13/68  |

If this production is commingled with that from any other lease 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 L. Proctor*  
(Signature)

*Proctor*  
(Title)

*7 Oct 87*  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 13 1987, 19  
BY Paul Krutz  
TITLE Geologist

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 tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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 Forms C-104 must be filed for each pool in multiply completed wells.