## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			I
BANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPENATOR			
PROSATION 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

All sections of this form must be filled out completely for allow-

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.

able on new and recompleted wells.

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE	AUTHORIZ	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.		711011 10 1117 <b>1</b> 10					
Operator							
APOLLO EMERGY, INC.							
Address							
P.O. BON 8097. ROSE	WILL HEW HEX	CO 83201					
Reason(s) for filing (Check proper bo	x)		Other (Please explain)				
Now Well	Change in T	Change in Transporter of:					
Recompletion	[ OII	}===={	Dry Gas EFFECTIVE 1-SEP-87				
Change in Ownership	Casingh		ondensate				
Water and annual in time name		tre					
If change of ownership give name and address of previous owner	QUANICO OIL	<u> 3 GAS A P.O.</u>	BOX 1714 ELDOR	ADO AR. 71730			
•		/1					
II. DESCRIPTION OF WELL AN	ND LEASE	TH					
Lease Name	ease Name Well No. Pool Name, Including Formation			Kind of Lease			
WOODMAN FEDERAL	6 (	6 CATO (SAN ANDRES)		State, Federal or FeeFEDERAL	. IM-0340302		
Location							
Unit Letter D : 6	60 Feet From 7	rho <u>NORTH</u> Lir	se and <u>660</u>	Feet From The <u>UEST</u>			
		•					
Line of Section 28 To	wnship 85	Range	30∃ , NMPN	4 CTAVES	County		
III. DESIGNATION OF TRANS	PORTER OF OIL	<u>. and natural</u>	L GAS	to which approved copy of this for			
Name of Authorized Transporter of Of	1 [ v or Cond	ensate [_]	Address (Give dadress	to which approved copy of this for	m is to be sent/		
PERMIAN			P.O. BOX 1183 VOLISTON TX 77001 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas 💟 or Dry Gas							
CITIES SERVICE				TULSA OK. 74102			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connect				
give location of tanks.	<u>; F ; 28</u>	' 8S : 30E	YES	8/13/68			
If this production is commingled w	ith that from any o	ther lease or pool,	give commingling orde	r number:	•		
• •							
NOTE: Complete Parts IV and	V on reverse side	if necessary.	**				
AN CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION					
VI. CERTIFICATE OF COMPLIANCE		APPROVED					
I hereby certify that the tules 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.		APPROVED		, 19			
		Orig. Signed by Paul Kautz					
		Paul Kautz					
	1		TITLE	Geologist			
// . ~	1 []		This fam is as	he filed in compliance with a	# 1104		
Can day brotach			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense				
(Sign	I/(///Y/A/)		wall, this form must	t be accompanied by a tabulati	on of the deviation		
10-1-17			tests taken on the well in accordance with MULE 111.				