

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O+4 NMOC
1 FILEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☒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. 11	Pool Name, Including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM0155254
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
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 J	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 As Test Well	Test Well
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RAB, 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

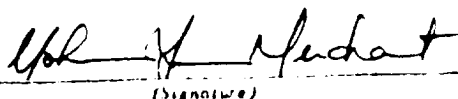
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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/NMCF	Gravity of Condensate
Testing Method (spool, 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

(Date)

OIL CONSERVATION DIVISION

DEC 5 1983

APPROVED _____, 19__

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 9104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 9111.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 new
well name or number, or transportation or other such changes of existingSeparate Forms O-104 must be filed for each pool in newly
completed wells.