

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
CONTRIBUTION	
AMOUNT	
DATE	
BY	
AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
OPERATION OFFICE	
REMARKS	

Apollo Energy, Incorporated
Address

P. O. Box 5315, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

EFFECTIVE DATE DECEMBER 30, 1982

Change of ownership give name
and address of previous owner

Shell Oil Company, P. O. Box 991, Houston, Texas 77001

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Amco Federal	11	Cato San Andres	State, Federal or Free Federal	NM0155254A

Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The EastLine 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 ☐ Address (Give address to which approved copy of this form is to be sent)Mobil Oil Company Pipeline Corp. Protraction Dept. F. O. Box 4906 DALLAS, Midland, Texas 79702Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)Cities Service Oil Company F. O. Box 4906, Midland, Texas 79702

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	33	8S	30E	Yes	8-15-68

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 Rea'y.	Diff. Rea'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (DF, RKB, 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 (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)

Rate 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

A - WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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.

VICE PRESIDENT

JANUARY 7, 1983

OIL CONSERVATION DIVISION

JAN 13 1983

APPROVED ORIGINAL SIGNED BY, 19BY JERRY SEXTON
DISTRICT 1 SUPR.

TITLE

This form is to be filed in compliance with RULE 1191.

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 conditions. Form C-104 must be filed for each pool in multiple.

RECEIVED
JAN 12 1983
G.C.D.
HOBBS OFFICE

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JAN 12 1983
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HOBBS OFFICE

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JAN 6 1983
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