

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
ADDITIONAL OFFICE	
REPORTER	

Apollo Energy, Incorporated

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 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.
Thelma Crosby	1	Cato San Andres	State, Federal or Fee Fee	

Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 5 Township 9S 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. P. O. Box 1073, Midland, Texas 79702

Name 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 P. O. Box 4906, Midland, Texas 79702

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
I	5	9S	30E

Is gas actually connected?

Yes

When 3-1-77

If this production is commingled with that from any other lease or pool, give commingling order number:

CTB-188

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (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)

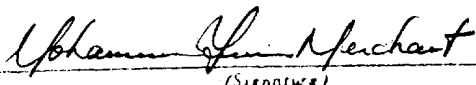
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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

(Title)

JANUARY 7, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 13 1983

ORIGINAL SIGNED BY

BY

JERRY SEXTON

TITLE

DISTRICT 1 SUPR.

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

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JAN 12 1983

C.C.D.
HOBBS OFFICE

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JAN 6 1983

C.C.D.
HOBBS OFFICE



LTR



Job separation sheet

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Shell Oil Company		
Address P. O. Box 1509, Midland, Texas 79702		
Reason(s) for filing (Check proper box)	Add	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thelma Crosby	Well No. 1	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>9-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	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 I	Sec. 5	Twp. 9S	Rge. 30E	Is gas actually connected? Yes	When 3-1-77

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-188

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		

V. 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

G. W. Tullos G. W. Tullos
(Signature)
Senior Production Engineer
(Title)
March 22, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED 74R 28 1977, 19____
BY [Signature]
TITLE [Signature]

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 allowables on new and re-completed wells.
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