

OIL CONSERVATION DIVISION

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

O+4 NMOC  
1 FILE

|                        |                                                              |
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| SANTA FE               |                                                              |
| FILE                   |                                                              |
| U.S.O.                 |                                                              |
| LAND OFFICE            |                                                              |
| TRANSPORTER            | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR               |                                                              |
| PRODUCTION OFFICE      |                                                              |
| Operator               |                                                              |

REQUEST 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)                                                                                                                                              | Other (Please explain)     |
| New Well <input type="checkbox"/>                                                                                                                                                    | EFFECTIVE DECEMBER 1, 1983 |
| Recompletion <input type="checkbox"/>                                                                                                                                                |                            |
| Change in Ownership <input type="checkbox"/>                                                                                                                                         |                            |
| Change in Transporter of:<br>Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                            |

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                              |               |                                                   |                                            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|--------------------------------------------|-----------|
| Lease Name<br>Thelma Crosby C                                                                                                                                                                                | Well No.<br>1 | Pool Name, Including Formation<br>Cato San Andres | Kind of Lease<br>State, Federal or Fee Fee | Lease No. |
| Location<br>Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u><br>Line of Section <u>8</u> Township <u>9S</u> Range <u>30E</u> , NMPM, Chaves County |               |                                                   |                                            |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                                  |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>PERMIAN CORPORATION                          | Address (Give address to which approved copy of this form is to be sent)<br>P. O. BOX 1183 HOUSTON, TEXAS 77001      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>CITIES SERVICE OIL & GAS CORPORATION | Address (Give address to which approved copy of this form is to be sent)<br>P. O. BOX 4906 MIDLAND, TEXAS 79702      |
| If well produces oil or liquids,<br>give location of tanks.                                                                                                      | Unit <u>A</u> Sec. <u>8</u> Twp. <u>9</u> Rge. <u>30</u><br>Is gas actually connected? <u>Yes</u> When <u>7-1-77</u> |

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 before | Diff. Rec. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |                |            |
| Elevations (DF, RAB, 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  
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)

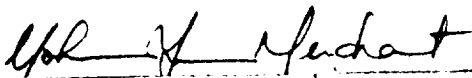
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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 (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.

  
(Signature)

VICE PRESIDENT

(Title)

NOVEMBER 28, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of new well name or number, or transporter, or other such change of record.

Separate Form C-104 must be filed for each well in newly completed wells.