STATE OF NEW MEXICO Y AND MINICHALS DEPARTMENT DISTAILUTION ANTA FR CARD OFFICE TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL TRANSFORTER OIL	P.O. E SANTA FE, NE REQUEST F	ATION DIVISION BOX 2088 CW MEXICO 87501 OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Revised 10-1-78
Apollo Energy, Inco	rporated		
P. O. Box 5315, Hob (coson(s) for filing (Check proper b New Well Recompletion Change in Ownership [XX f change of ownership give name nd address of previous owner	ox) Change in Transporter of: Oil Dry (ensule // * This well Temporari	ate Dec, 30, 1982 was drilled in 1968 and Ly abandoned without produc ing as 77001
ESCRIPTION OF WELL ANI rease Nume Thelma Crosby C Jocation Unit Letter A : 66	D LEASE Well No. Pool Name, Including 1 Cato San And	Formation Kind of Lo TES State, Fed	ease Lease No. Jeral or Fee Fee
Line of Section 8 T	. mahip 95 Range	30Е , ММРМ, С	haves County
ESIGNATION OF TRANSPOR	asinghead the XX or Dry Gas	Address (Give address to which ap P. O. Box 1079, 1 Address (Give address to which ap	proved copy of this form is to be sent) TST21 TST21 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22 TST22
if well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	7-1-77
	ith that from any other lease or pool,		······································
Designate Type of Completi	ion - (X)	New Well Workover Deepen	Plug Buck Same Resty, Diff, Resty
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
lovations (DF, RKB, RT, GR, eic.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dopth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
EST DATA AND REQUEST F HL WELL Mote First New Off Run To Tonks	Dris of Test	producing Method (Flow, pump, gas	il and must be equal 10 or exceed top allow lift, etc.)
ngth of Teet	Tubing Pressure	Casing Pressure	Choke Size
.ctual Prod. During Test	Cii-Bbie.	Water-Bbls.	Gas+MCF
AS WELL	Length of Test	Bbis. Condensate/NMCF	Cravity of Condaneate
wring karnod (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shot-in)	Choxe Size
ERTIFICATE OF COMPLIANCE		JAN 13 1983	
hereby certify that the rules and regulations of the Oll Conservation wision have been complied with and that the information given ave is true and complete to the beat of my knowledge and belief.		APPROVED, 19, 19	
		BYJERRY SEXTON	
Vice President (Tulle) January 7, 1983 (Date)		This form is to be filed in compliance with NULE 1191. If this is a request for allowable for a newly drilled or deepender well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of even well name or number, or transporter, or other such change of condition Separate 1 orms C-104 must be filled for each pool in multiple non-letted wells.	

RECEIVED JAN 12 1983 JAN 6 1983 OBBS CD. OFFICE RECEIVED C C.D. Hoest Gffice

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