

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF APPLICATION	
REGISTRATION	
SANITARY	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

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 ☒

Condensate Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Effective October 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hodges D Federal	Well No. 1	Pool Name, including Formation Coco San Andres	Kind of Lease Lease, Federal or Fee Federal	Lease No. NM025585
Location				
Unit Letter D	660	Feet From The North	Line and 560	Feet From The West
Line of Section 3	T. and R. 9S	Range 30E	N.M.P.M. 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) 1725 N. GRIMES HOBBS, NEW MEXICO 88241	
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tests.	Unit Sec. Twp. Rge.	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (1)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr. Flow
Date Logged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RAB, RI, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOIST 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 two flowing tests for this depth or be for full 24 hours)

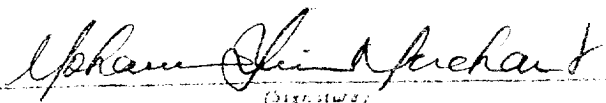
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Water	Water-Prod.	Gas-Water

GAS WELL

Actual First Test-MCF/D	Length of Test	Prod. Condensate/Water	Gravity of Condensate
Testing Method (prior, back prod.)	Tubing Pressure (shots-in)	Casing Pressure (shots-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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)

OIL CONSERVATION DIVISION

APPROVED OCT 5 1983

ORIGINAL SIGNED BY EDDIE SEAY

BY OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1106.

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 2111.

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