

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐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

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hodges D Federal	1	Cato San Andres	State, Federal or Fee Federal	NM025585

Location Unit Letter D ; 660 Feet From The North Line and 560 Feet From The WestLine of Section 3 Township 9S Range 30E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Oil Company Pipeline Corp. Production Dept. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900 DALLAS 75221Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
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

Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>K</u>	<u>33</u>	<u>8S</u>	<u>30E</u>	<u>Yes</u>	

this production is commingled with that from any other lease or pool, give commingling order number: CTB-179

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.

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
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

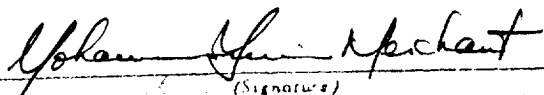
GAS WELL

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

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

JAN 13 1983

APPROVED _____ ORIGINAL SIGNED BY _____, 19 _____

BY JERRY SEXTON
DISTRICT 1 SUPR.

TITLE _____

This form is to be filed in compliance with RULE 1101.

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.

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

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JAN 12 1983
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