

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
SANTA FE	
CITY	
STATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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 ☐Crudehead 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	Well No.	Well Name, Including Formation	Kind of Lease	Lease No.
Eastland Hodges Federal	1	Cato San Andres	State, Federal or Fee Federal	NM022636
Location				
Unit Letter	J	: 2305 Feet From The South Line and 2310 Feet From The East		
Line of Section	23	7 1/4 Sec. 8S	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)					
KOCH OIL COMPANY	1725 N. CRIMES HOBBS, NEW MEXICO 88241					
Name of Authorized Transporter of Crudehead 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 tanks.	Unit	Sec.	Trap	Rege.	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 - (A)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reatv.	Diff. Reatv.
Date Spudded	Date Complet. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., A.H., R.F., C.R., 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)

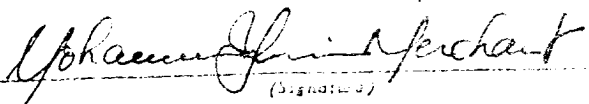
Date First New Oil Production	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Units	Water-Units	Gas-MCF

GAS WELL

Actual First Test-MCF/D	Length of Test	Date Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	Tubing Systems (Zhu-Hua)	Casing Pressure (Pasc-1st)	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.

Vernon P. Anderson
(Title)

October 1, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 5 1983
ORIGINAL SIGNED BY EDDIE SEAY

BY

OIL & GAS INSPECTOR

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 portions I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of conditions.

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