

OIL CONSERVATION DIVISION

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

O+4 NMOCB
1 FILE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

APOLLO ENERGY, INC.

Address P. O. BOX 5315 HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

EFFECTIVE DECEMBER 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease #
Thelma Crosby B	1	Cato San Andres	State, Federal or Fee Fee	
Location				
Unit Letter F	: 1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 5	Township 9S	Range 30E	NMPM,	Chaves

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)
PERMIAN CORPORATION	P. O. BOX 1183 HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
CITIES SERVICE OIL & GAS CORPORATION	P. O. BOX 4906 MIDLAND, TEXAS 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
F 5 9 30	Is gas actually connected? When
	Yes 3-1-77
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-188	

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Full Well
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil was 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 oil
able for this depth or be for full 24 hours)

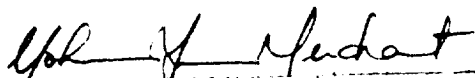
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 5 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with NMOC 1104.
If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a certification of the nearest
tests taken on the well in accordance with NMOC 111.
All sections of this form must be filled out completely for all
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of gas
well name or number, or transportation or other variations. If recompleting
Separate Forms O-104 must be filled out for each pool in multi-
completed wells.