

OIL CONSERVATION DIVISION

P. O. BOX 2488

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OR 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

☐

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☐

Casinghead 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.	Pool Name, including Formation	Kind of Lease	Lease No.
M. H. McGrail	1	Orto San Andres	State, Federal or Fee Fee	

Location

Unit Letter K : 1980 Feet From The West Line and 1980 Feet From The SouthLine of Section 5 Township 9S 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)
ROCH OIL COMPANY	1725 N. GRIMES HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of Casinghead 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.

Top

Hgs.

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	Flow well	Workover	Deepen	Flow back	Same Res't.	Diff. Res't.
Date Spudded	Time Spud. Heavy to Prod.		Total Depth		P.B.T.D.			
Elevations (DP, RAB, RT, GR, etc.)	Interval 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

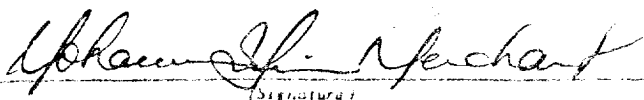
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Flow 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-Data	Water-Data	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Data: Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, Back pay)	Testing procedure (Shut-in)	Testing procedure (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
here is true and complete to the best of my knowledge and belief.

Vice President

(Title)

October 1, 1983

(Date)

OIL CONSERVATION DIVISION

OCT 5 1983

APPROVED

BY ORIGINAL SIGNED BY EDDIE SEAY
OIL & GAS INSPECTOR

TITLE

This form is to be filed in compliance with RULE 1104.

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
logs 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 Form O-104 must be filed for each pool in multiple
completed wells.