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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Apollo Energy, Incorporated

P. O. Box 5315, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
		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

Case Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Corder Federal	2	Cato San Andres	State, Federal or Fee Federal	NM073394A
Location				
Unit Letter <u>G</u> ; <u>2080'</u> Feet From The <u>East</u> Line and <u>1980'</u> Feet From The <u>North</u>				
Line of Section <u>5</u> Township <u>9S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Mobil Oil Company Pipeline Corp. Promotion Dept.					P. O. Box ⁹⁰⁰ 1073 , ^{Dallas} Midland , Texas ⁷⁵²²¹ 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Cities Service Oil Company					P. O. Box 4906, Midland, Texas 79702	
Well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
Give location of tanks.	K	33	8S	30E	Yes	

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 Rea'ty.	Diff. Rea'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Locations (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

EST DATA AND REQUEST FOR ALLOWABLE
IL 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

AS WELL

Steam Prod. Test-MST/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Coiling Pressure (Shut-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.

Yokann G. Merchant
(Signature)

VICE PRESIDENT

JANUARY 7, 1983

OIL CONSERVATION DIVISION

APPROVED JAN 13 1983, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

TITLE DISTRICT 1 SUPR

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 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 reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of owner,
wall name or number, or transporter, or other such change of condition.

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

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