UTE NMOUL \_ 1 File

|  | ENT  |                | •   | Form C-104<br>Revised 10-51-3<br>Format 05-01-8  |   |
|--|--|----------------|---|--|---|
| DISTRIEUTION   | OIL CON  | SERVATIO       | DN DIVISION   | Page 1   | -   |
| BANYA PE   |  | P. O. BOX 20   |   |  | •   |
| U.S.O.A.   | SANTA I  | FE, NEW ME     | XICO 87501  |  |   |
| LAND OFFICE  |  |                |   |  |   |
| TRANSPORTER OIL  | REO  | UEST FOR ALL   | OWARL F   |  |   |
| OPERATOR   | n Lui  | AND            |   |  |   |
| PRORATION OFFICE   | AUTHORIZATION T  | O TRANSPORT    | OIL AND NATURAL GAS   |  |   |
| [  |  |                |   |  |   |
| Operator   | The  |                |   |  |   |
| Apollo Energy  | y, 111C.   |                |   |  |   |
| P. O. Box 531  | 15 Hobbs, New Mer  | xico 88241     |   |  |   |
| Reason(s) for filing (Check proper   |  |                | Other (Please expirin)  |  |   |
| New Well   | Change in Transporter  | ot:            |   |  |   |
| Recompletion   |  | Dry Cos        | Effective Ma  | cch 1, 1987  |   |
| Change in Ownership  | Casinghead Gas   | Condens        | Gte   |  |   |
| I. DESCRIPTION OF WELL   | Well No. Poot Nania,   | San Andres     | frank F   | ederal or Fee Fee  | Leose h   |
| Thelma Crosby B  |  | Dan Anutes     | <u></u>   |  | ·   |
| Location   |  |                | 660   | West   |   |
| Unit Letter D :i   | 660 Feet From The No   | OLTII Line and | Feet /  | Tem 170  |   |
|  |  | . *            |   |  |   |
|  | Townshin QC  | Range 30F      | , NMPM,   | Chaves   | Coun  |
| Line of Section 5  | Township 95  | Range 30E      | , NMPM,   | Chaves   | Coun  |
|  |  | NATURAL CA     | s   |  |   |
| Line of Section 5<br>III. DESIGNATION OF TRAI<br>Name of Authorized Transporter of   | NSPORTER OF OIL AND  |                | S<br>ross (Give address to which a  | sproved copy of this form is to  | o be senij  |
| III. DESIGNATION OF TRAN<br>Name of Authorized Transporter of<br>Pride Pipeline Corp   | NSPORTER OF OIL AND  |                | S<br>ross (Give address to which i<br>P. O. Box 3237  | approved copy of this form is in<br>Abilence, Texas, 796   | be senij  |
| III. DESIGNATION OF TRAI   | NSPORTER OF OIL AND  | NATURAL GA     | S<br>ross (Give address to which t<br>P. O. Box 3237<br>iress (Give address to which t  | approved copy of this form is in<br>Abilene, Texas 796<br>approved copy of this form is in   | o be senij<br>504<br>o be senij   |
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(Dere)

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

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

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