STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

-----DISTRIBUTION SANTA FE FILE V.1.0.4. LANG OFFICE OIL TRANSPORTER GAS OPERATOR PROBATION OFFICE

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address P.O. Box 1493, Roswell, New Mexico 88201 Receive(s) for filing (Check proper box) Change in Transporter of: New Well Other (Please explain) Receive(s) for filing (Check proper box) Other (Please explain) Receive(s) for filing (Check proper box) Other (Please explain) Receive(s) for filing (Check proper box) Other (Please explain) Receive(s) for filing (Check proper box) Other (Please explain) Receive(s) for visions owner Other (Please explain) February 2, 1988 Condensate It change of ownership give name Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201 It DESCRIPTION OF WELL AND LEASE Lease Name Lease Name Well No. Rector 1 Cato San Andres State, Federal or Fee Location Cato San Andres Unit Leiter D : 4620 Feet From The : Gauth Line and 3300 Line of Section 8 Township States (Give address to which approved copy of this form is to be sent) Name of Authorised Transporter of Oil I O or Condensate Name of Authorised Transporter of Casinghead Gas or Dry Gas Address (Give address	Comparator KELT OIL & G	AS INC						
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	I this production is commingle	d with that from	any other lease	e or pool, give co	nmingling order nu	mber:	···	

BY.

VI. 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 is true and complete to the best of my knowledge and belief.
(Signature)
Christian Deleris - President
(Tule)
January 29, 1988
(Date)

OIL CONSERVATION DIVISION MA APPROVED.

ORIGINAL SIGNED BY HERRY SEXTON DISTRICT LAUPSAVISOR 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 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 Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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

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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Well	Workover	l Deepen	Plug Back	' Same Restv. I I	Diff. Restv.
Date Spudded	Date Compl.	Ready to Pr	od.	Total Dept	n		P.B.T.D.		<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	otion	Top Oil/Gas Pay			Tubing Depth		
Perforations	1			_ i			Depth Casi	ng Shoe	
		TUBING, C	ASING, AN	DCEMENTI	NG RECOR	0			
HOLESIZE	CASIN	IG & TUBIN	IG SIZE		DEPTH SE	т	12	ACKS CEMEN	17
	1								

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL 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-Bbis.	Water - Bbis.	Gas+MCF			

GAS WELL

Actual Prod. Test+MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size