

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
APOLLO ENERGY, INC.

Address  
P.O. BOX 8097 ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)  EFFECTIVE 1-SEP-87
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner QUANICO OIL & GAS INC. P.O. BOX 1714, ELDORADO AR. 71730

II. DESCRIPTION OF WELL AND LEASE

Lease Name MAC FEDERAL	Well No. 1	Pool Name, including Formation CATO (SAN ANDRES)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-25478
Location				
Unit Letter <u>I</u> ; <u>330</u> Feet From The <u>EAST</u> Line and <u>2310</u> Feet From The <u>SOUTH</u>				
Line of Section <u>6</u> Township <u>9S</u> Range <u>30E</u> , NMPM, <u>CHAVES</u> Co.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN	Address (Give address to which approved copy of this form is to be sent) BOX 1183, HOUSTON TX. 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CITIES SERVICE	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 300, TULSA, OK. 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>6</u> Twp. <u>9S</u> Rge. <u>30E</u>	YES 11/19/76

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

Andrew Prestridge  
Andrew Prestridge (Signature)

PROJECT ENGINEER

(Title)

7 OCT 87

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Orig. Signed by

Paul Kautz  
Geologist

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 transporter, or other such change of condition.

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