

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O+4 NMOCB

1 FILE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

APOLLO ENERGY, INC.

Address P. O. BOX 5315 HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

EFFECTIVE DECEMBER 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Thelma Crosby B	Well No. 3	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1930</u> Feet From The <u>North</u> Line and <u>710</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>9S</u> Range <u>30E</u> , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183 HOUSTON, TEXAS 77001	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ CITIES SERVICE OIL & GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4906 MIDLAND, TEXAS 79702	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 5
	Twp. 9	Rge. 30
	Is gas actually connected? Yes	
	When 3-1-77	
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-188		

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, CR, 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

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)

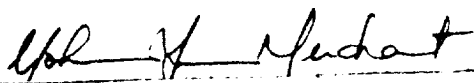
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (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 above is true and complete to the best of my knowledge and belief.


(Signature)

VICE PRESIDENT

(Title)

NOVEMBER 28, 1983

(Date)

OIL CONSERVATION DIVISION

DEC 5 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with N.M.C.R. 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 device tests taken on the well in accordance with N.M.C.R. 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other change of location.

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