

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF RECEIPT	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

APOLLO ENERGY, INC.

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

EFFECTIVE DECEMBER 1, 1983

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Fee	Fee
Thelma Crosby B		4	Cato San Andres		
Location					
Unit Letter	C	: 1980	Feet From The	West	Line and 660
Line of Section		5	Township	9S	Range 30E
					NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		P. O. BOX 1183 HOUSTON, TEXAS 77001				
PERMIAN CORPORATION		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		P. O. BOX 4906 MIDLAND, TEXAS 79702				
CITIES SERVICE OIL & GAS CORPORATION		Is gas actually connected? When				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 9	Itge. 30	Yes	3-1-77

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-188

COMPLETION DATA		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same hole	Diff. Hole
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GK, 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

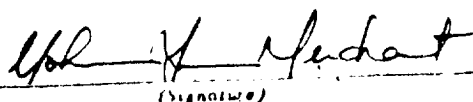
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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-bble.	Water-bble.	Gas-MCF

GAS WELL		Bble. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.



VICE PRESIDENT

NOVEMBER 28, 1983

OIL CONSERVATION DIVISION
DEC 5 1983

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 certification of the gravel tests taken on the well in accordance with Rule 1104.

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

Fill out only Sections I, II, III, and VI for the case of new well name or number, or transporter, or other change of ownership.

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

RECEIVED
DEC 2 - 1983
HOBBS OFFICE

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