

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
Page 1OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Apollo Energy, Inc.

Address
P. O. Box 5315 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Effective March 1, 1987
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Corder Federal	Well No. 4	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM073394A
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>9S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3237 Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Oxy Cities Service NGL, Inc.	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 : <u>H</u> Sec. : <u>5</u> Twp. : <u>9</u> Rge. : <u>30</u> Is gas actually connected? <u>Yes</u> When <u>8-27-77</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-179

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.

Mohammed Yamin Merchant

(Signature)

President

(Title)

February 12, 1987

(Date)

OIL CONSERVATION DIVISION

FEB 12 1987

APPROVED _____, 19 _____

BY Eddie W. SeayTITLE Oil & Gas Inspector

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 allow-
able 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 multiply
completed wells.

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