

OIL CONSERVATION DIVISION
P. O. BOX 2006
SANTA FE, NEW MEXICO 87201Form C-104
Revised 12-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	
FILE	
CLERK	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (please explain)

Effective October 1, 1983

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
M. H. McGrail	3	Cato San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	M	990 Feet From The	South	line and
		990 Feet From The	West	
Line of Section	5	Tract	98	Range
				30E
				NMPL
				Chaves
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
KOCH OIL COMPANY	1725 N. GRIMES HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Some Restr. Oil, Restr.
Date Spudded	Date Drilled Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DP, KAH, H.F., CR, etc.)	Bottom 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

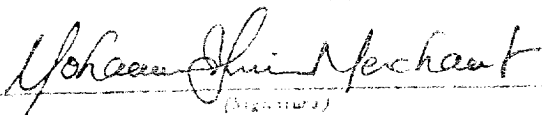
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed 100% of
load in this depth or be for full 24 hours)

Date First New Oil Run to Tanks	Time of Test	Flowing Method (flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Casing Size
Actual Prod. During Test	Oil-Prod.	Water-Prod.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rate Condensate/MCF	Gravity of Condensate
Testing Method (shot, back gas)	Testing Pressure (Shot-in)	Casing Pressure (Shot-in)	Casing 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

(Title)

October 1, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 5 1983**, 19BY **ORIGINAL SIGNED BY EDDIE SEAY**TITLE **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 deviated
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 multi-
completed wells.