

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
DATE	
FILE	
RECORD	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
OPERATION OFFICE	
OPERATOR	

Apollo Energy, Incorporated

Address

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

EFFECTIVE DATE DECEMBER 30, 1982

Change of ownership give name
and address of previous owner

Shell Oil Company, P. O. Box 991, Houston, Texas 77001

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Thelma Crosby	2	Cato San Andres	State, Federal or Fee Fee	

Location

Unit Letter J ; 1980 Feet From The South Line and 2080 Feet From The EastLine of Section 5 Township 9S Range 30E , NMPM. Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Oil Company <i>Perkins Corp. Production Dept.</i>	P. O. Box <u>900</u> <u>Dallas</u> , Texas <u>75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	P. O. Box <u>4906</u> , Midland, Texas <u>79702</u>

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

Unit	Sec.	Twp.	Rge.
<u>I</u>	<u>5</u>	<u>9S</u>	<u>30E</u>

Is gas actually connected?

Yes

When

9-23-77

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 Res'v.	Diff. Res'v.
ate Spudded								
ations (DF, RKB, RT, GR, etc.)								
erforations								

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)

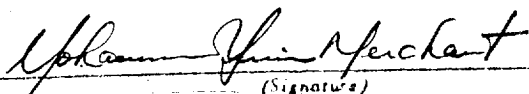
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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

(Title)

JANUARY 7, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 13 1983, 10

ORIGINAL SIGNED BY

BY JERRY SEXTONTITLE DISTRICT 1 SUPR.

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.

RECEIVED
JAN 12 1983
O.C.D.
HOBBS OFFICE

RECEIVED
JAN 12 1983
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HOBBS OFFICE
RECEIVED
JAN 6 1983
O.C.D.
HOBBS OFFICE