

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

0 + 4 NMOCB Hobbs
1 File

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APOLLO ENERGY, INC.

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
January 1, 1984
7:00 A.M.

Change of ownership give name and address of previous owner ARCO OIL & GAS COMPANY P.O. Box 1710, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Foot Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Winkler Federal	5	Cato San Andres	Federal	

Unit Letter J : 1980 Feet From The East Line and 1980 Feet From The South

Line of Section 28 Township 8S Range 30E NMPM, Chaves Count.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Permian Corporation

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Cities Service Oil Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1183, Houston Texas 77001

Address (Give address to which approved copy of this form is to be sent)

Box 300, Tulsa, Okla. 74102

Well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.
M	28	8S	30E

Is gas actually connected? yes When 8-17-68

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	Same Res't.	DHL Res
Are Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Deviations (DF, RAB, RT, GR, 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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

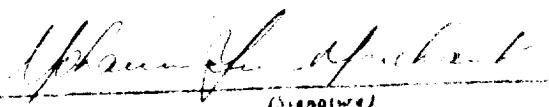
Test Method (Flow, Pump, Gas Lift, etc.)	Date of Test	Producing Method (Flow, Pump, Gas Lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Control Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

AS WELL

Control Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
(Title)

December 30, 1983
(Date)

OIL CONSERVATION DIVISION

JAN 4 1984

APPROVED _____, 19

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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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 changes of own well name or number, or transporter, or other such change of condition.

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

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