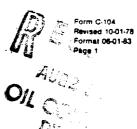
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PUBLETEIO	OM	1	1
SANTA PE			
FILE			
U.8.0.8.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	'ICE		_

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

I.	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL GAS	Marie Control	
Operator				
American Exploration	Company			
	onton Houseless Wasse	- 77000		
2100 RepublicBank Ce	nter, Houston, Texa	Other (Please explain)		
New Well	Change in Transporter of:		•	
Recompletion	o.i.	Dry Gas		
A Change in Ownership	Casinghead Gas	Condensate		
change of ownership give name d address of previous owner	Tesoro Petroleum Co	rporation, 8700 Tesoro Dri	ive, San Anton	io, Tex. 782
DESCRIPTION OF WELL AND				
Hospah Sand Unit	35 Hospah Uppe	r Cand		Lease No.
ocation	33 Hospan oppo	State, Federa	torFee Fee	
Unit Letter K	Foot From The			
- : : : : :	Feet From The			
Line of Section 36 Towns	htp 18N Range	9W , NMPM, MCKii	nley	County
well produces oil or liquids, ve location of tanks.	nit Sec. Twp. Age.	Address (Give address to which approved is gas actually connected?		to be sent;
this production is commingled with t		· · · · · · · · · · · · · · · · · · ·		
OTE: Complete Parts IV and V o				
. CERTIFICATE OF COMPLIANCE of certify that the rules and regulations to complied with and that the information good knowledge and belief.	E of the Oil Conservation Division ha		TION DIVISION	, 19
Production Administra	Roy Quiroga	THE SUPERVISION DIST This form is to be filed in c. If this is a request for silow well, this form must be accompanted taken on the well in accord	ompliance with AUL	ed or despensed
(Tile) August 17, 1988		All sections of this form mus able on new and recompleted wel	ile.	
(Date)		Fill out only Sections I. II. well name or number, or transporte	is or other such chang	e of condition.
		Separate Forms C-104 must completed wells.	be filed for each pe	ool in multiply

tion - (X) Oil Well Gas Well	II New Well Workover	Deepen	Plug Back	Same Resty.	Diff. Res'v.		
Date Compi. Ready to Prod.	Total Depth	_i	P.B.T.D.	<u> </u>			
, Name of Producing Formation	Top Oll/Gas Pay	Top Oll/Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe				
TUBING, CASING.	AND CEMENTING RECORD	<u> </u>					
CASING & TUBING SIZE			SACKS CEMENT				
							
FOR ALLOWABLE (Test must be able for this	e after recovery of total volume	e of lood oil	and must be eq	ual to or exce	ed top allow-		
Date of Teet	Producing Method (Flow, pump, gas lift, etc.)						
Tubing Pressure	Coaing Pressure	<u>'</u>	Chose Size				
Ott - Bbis.	Water - 8 bis.		Gas - MCF				
							
Length of Test	Bbis. Condensate/MMCF		Gravity of Co	ondenegte			
			!		1		
	TUBING, CASING, CASING & TUBING SIZE TFOR ALLOWABLE (Test must be able for this Date of Test Called a Tubing Pressure Cil-Bbis.	TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SE TOR ALLOWABLE (Test must be after recovery of total volume able for this depth or be for full 24 hours) Date of Test Tubing Pressure Casing Pressure Casing Pressure Cil-Bbis.	Date Campi. Ready to Prod. Total Depth TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET TFOR ALLOWABLE (Test must be after recovery of total volume of load oil able for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift tubing Pressure) Casing Pressure Casing Pressure Casing Pressure Casing Pressure Dil-Bbis. Water-Bbis.	Date Compi. Ready to Prod. Date Compi. Ready to Prod. Total Depth Top Oll/Gas Pay Tubing Depth Tubing Depth Casin TUBING, CASING, AND CEMENTING RECORD CASING a TUBING SIZE DEPTH SET SA TFOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be seable for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Casing Pressure Choke Size Oil-Bbis. Water-Bbis. Gas-MCF	Date Compi. Ready to Prod. Date Compi. Ready to Prod. Total Depth Top Oll/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMEN TFOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Chair Size Oil-Bbis. Water-Bbis. Gas-MCF Length of Test Bbis. Condensate/MMCF Gravity of Condensate		

Sub axis 5 Copies
Appropriate Dustrict Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-29

DISTRICT II P.O. Drawer DD, Ameria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

Santa Fe, New Mexico 87504-2088

I.	#7410 REC	QUEST F	OR ALLOY	VABLE AN OIL AND I	ID AUTHO	ORIZATI	ON		
Operating BC & D Operating	Inc						Well API No.		····
Address	,, Tile.						<u>30-031-0</u>	5222	
PO Box 5926 Ho	bbs, New	Mexico	88241						
Reason(s) for Filing (Check proper New Well	box)				Other (Please	explain)			
Recompletion	Oil		Transporter of:	٦					
Change in Operator X		eed Gear ☐	Dry Ges Condenses	i Ei	FFECTIVE	E: May	15, 1993		
If change of operator give name and address of previous operator	American	Explora	tion Comp	anv 1331	lamar	Sto OO	O. Harris		
II. DESCRIPTION OF WI	ELL AND LE	EASE			Lunia,	366 30	u; nousto	n, lex	as 77010-
Hospah Sand Unit		Well No.	Pool Name, Inc. Hospah	Upper Sa	nd		ind of Leane MEXTericol or i		Lease No.
Location Unit LetterK	220		····			··	THE PERSON OF 1		·
			Feet From The .	<u>Center</u>	<u>330</u>) ·	Feet From Th	Cent	er Line
	mahip 18N		Range		NMPM,		McKinley		County
III. DESIGNATION OF TR	ANSPORTE	R OF OI	L AND NAT	URAL GAS	•				COLLEY
Giant Refining	"	or Condens	" 🗆	Address (G	ive address to	which appro	and copy of this	form is so h	4 2241
Name of Authorized Transporter of C	arizehead Gas		- D C		'V TE333	つしひししら	uale. AZ		
		· · · · · ·	r Diy Gas	Address (Gi	ive address so	which appro	red copy of this	form is to be	t seri)
If well produces oil or liquids, give location of tanks.	Unit	Sec. 17	Wp. Rgs	le gae actual	ly consected?	W	Ha 7		
If this production is commissed with a IV. COMPLETION DATA	hat from any other		17N ₁ 9W		-	<u>i_</u>			
IV. COMPLETION DATA			or the contract	host coner som					
Designate Type of Complete	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepee	Plug Back	Same Res	v Diff Res'v
Date Spadded		Ready to Pr	l rod.	Total Depth	<u> </u>		<u> </u>		- I
Elevations (DF, RKB, RT, GR, etc.)	<u> </u>						P.B.T.D.		
	Name of Pro	ducing Form	ation	Top Oil/Ges	Tay		Tubing Dept	<u> </u>	·
Performing									
							Depth Casin	g Shoe	
HOLE SIZE	TU	BING, C	ASING AND	CEMENTIN	NG RECOR	D	_!		
	- CASI	NG & TUBI	NG SIZE		DEPTH SET		s	ACKS CEN	ÆNT
									
V. TEST DATA AND REQUE	ST FOR AL	LOWABI	Æ						
OIL WELL (Test must be after Date First New Oil Run To Tenk	recovery of solei	volume of lo	ed oil and must b	n aqual to or a	sceed top allo	umble for the	e doub on b. c.	- 4 2 0 4 1	
	Date of Test			Producing Med	od (Flow, pu	mp, ges lift, e	ec)		77)
Length of Test	Tubing Pressur			Casing Pressure			ַנעַן י	EG	EIVF
Actual Prod. During Test			ſ		,		Chops \$1		
Annual Liner Default 148	Oil - Bbis.		1	Vator - Bhis.			Ges- MCF	JUN2	2 1993
GAS WELL	<u> </u>							• -	N. DIV
Actual Prod. Test - MCF/D	Leagth of Test							DIST	
			l B	bis. Condenses	MMCF	To the state of	Genvisy of Con	O O	
seting Method (pitot, back pr.)	Tubing Pressure	(Sheet-en)	C	acing Processes	(Salation)		Choka Size	-	,
T OPERATOR CENTER	<u></u>		1				CHOIS 302		
L OPERATOR CERTIFIC. I hereby certify that the rules and regula Divisir a have been convolided and		_	1.0	011	0000				
				Oii	L CONS	SERVA	TION DI	VISIO	N
is true and complete to the best of my in	ion, age may pay	iel.		Date A	55.55 ,	JU	N 2 2199	3	
Some the	9/			-ms V	pproved		A		
Donnie Hill	- T	resider		Ву		(برند في	Che.	/	
Printed Name	P	resider Tri	11.	•	. St	JPERVIS	OR DISTR	UCT To	
6/4/93 Date		92-2041		Title			HISION	101 #3	
The State of the S		Telsphose I	io.						
INSTRUCTIONS TO L	a straight 49	al comme distance	e di Mariero - April	S. 14 18		alk' e			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for charges of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.