

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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

Form C-104
Revised 10-1-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 16 1988
OIL CON. DIV.
DIST. 3

I. Operator
American Exploration Company

Address
2100 RepublicBank Center, Houston, Texas 77002

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner: Tesoro Petroleum Corporation, 8700 Tesoro Drive, San Antonio, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 55	Pool Name, including Formation Hospah (Seven Lakes) LLC	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>G</u> <u>2710</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>North</u> Line of Section <u>1</u> Township <u>17N</u> Range <u>9W</u> , NMPM, <u>McKinney</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"/> Ciniza Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1887, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>G</u> Sec. <u>1</u> Twp. <u>17N</u> Rge. <u>9W</u>	Is gas actually connected? <u> </u> When <u> </u>

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

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.

Note: Effective date of transfer of operator should be 8/01/88

Roy Quiroga
(Signature) Roy Quiroga
Production Administrator
(Title)
December 9, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] DEC 16 1988
BY [Signature]
SUPERVISOR DISTRICT

TITLE _____

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 multiply completed wells.