## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	*****		
DISTRIBUTION			T .
SAMTA PE		1	<del>                                     </del>
FILE		_	<del></del>
U.S.O.S.			_
LAND OFFICE			_
TRANSPORTER	OIL		_
	GAB		
OPERATOR			
PROBATION OF	ICE		

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

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

## REQUEST FOR ALLOWARIE

PROBATION OFFICE	AUTHORIZATION		AND SPORT OIL AND NAT	URAL GAS		
American Exploration	Company		_			
2100 RepublicBank Ce		тохас	77002			
Reason(s) for filing (Check proper box)	iter, nouscon,	Texas				
New Well	Change in Transports	ee of:	Other (Please expiain)			
Recompletion	OII		ry Gas			
Change in Ownership	Casingheat Gas	7	Condensate			
If change of ownership give name and address of previous owner	Tesoro Petrole	eum Corp	oration, 8700	Tesoro Drive, San A	Antonio, Tex. 7	
II. DESCRIPTION OF WELL AND	LEASE					
Hospah Sand Unit	Well No. Pool Name 61 Hospah			Kind of Lease	Lease No.	
Location	OT HOSPAI		1 Arnd	State, Federal or Fee	ee	
	Feet From The	South	1000	Feet From The Wes	st.	
Line of Section 1 Towns	1 77.7			. McKinley	County	
Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing		Gas []		to which approved copy of this to which approved copy of this	,	
If well produces oil or liquids, give location of tanks.	nit Sec. Twp.	Rge.	is gas actually connec	red? When		
If this production is commingled with the NOTE: Complete Parts IV and V of VI. CERTIFICATE OF COMPLIANC I hereby certify that the rules and regulations of been complied with and that the information gives	n reverse side if nece  E  of the Oil Conservation D	essary.	OIL A	TVSERVAJISM DIVISIO	ON	
my knowledge and belief.	iven is true and complete t	o the best of	BY	). Chang		
00			TITLE	ISION DISTRICT # 3		
Cay Pull (Signature  Production Administra	Roy Quiroga		If this is a req well, this form mus	be filed in compliance with uest for allowable for a newl t be accompanied by a tabul well in accordance with RU:	iy drilled or deepened ation of the deviation	
(Tille) August 17, 1988			All sections of able on new and re	this form must be filled out completed wells.	completely for allow-	
(Date)		<del>-</del>	well name or number	Bections I. II. III. and VI for, or transporter, or other such	change of condition.	
			Separate Forms completed wells.	C-104 must be filled for e	ech pool in multiply	