

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BC & D Operating, Inc.		Well API No. 30-031-20133
Address PO Box 5926 Hobbs, NM 88241		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Other (Please explain) ☐
Recompletion ☐	EFFECTIVE: May 15, 1993	
Change in Operator ☒	If change of operator give name and address of previous operator American Exploration Company 1331 Lamar, Ste 900; Houston, Texas 77010-3088	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe RR "A"	Well No. 80	Pool Name, including Formation Hospah Lower Sand	Kind of Lease SOV/XXXX/ or Fee	Lease No.
Location				
Unit Letter <u>P</u>	:630	Feet From The <u>south</u>	Line and <u>1310</u>	Feet From The <u>East</u>
Section <u>1</u>	Township <u>17N</u>	Range <u>9W</u>	<u>NMPM</u>	McKinley
Country				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) PO Box 12999 Scottsdale, AZ
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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>B</u> Sec. <u>1</u> Twp. <u>17N</u> Rge. <u>9W</u>
Is gas actually connected? ☐ When ?	
If this production is commingled with that from any other lease or pool, give commingling order number:	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'v ☐	Diff Res'v ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performances						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Date First New Oil Run To Tank	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

GAS WELL

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

VI. OPERATOR 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.

Signature Donnie Hill
Printed Name Donnie Hill President
Date 6/4/93 Title 392-2041
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 2 2 1993

By Barry D. Shaw
Title SUPERVISOR DISTRICT #3

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.