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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

303012

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

I.

Operator American Exploration Company	Well APN No. 1992
Address 1331 Lamar, Suite 900, Houston, Texas 77010-3088	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion to Lower Hospah or the Gallup (Hospah)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 89	Pool Name, including Formation Gallup (Hospah)	Kind of Lease Fee State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>1900</u> Feet From The <u>East</u> Line and <u>6060</u> Feet From The <u>North</u> Line Section <u>1</u> Township <u>17N</u> Range <u>9W</u> , <u>NMPM</u> , <u>McKinley</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"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 12999, Scottsdale, Az 852
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>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 6/9/92 7-8-55	Date Compl. Ready to Prod. 7/15/92	Total Depth 2750' 850	P.B.T.D. 2625					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Gallup (Hospah)	Top Oil/Gas Pay 1603	Tubing Depth 1622					
Perforations 1603-1610			Depth Casing Shoe 3317					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	219	150 sx.
12-1/4	9-5/8	3317	325 sx.
	2 7/8	1622	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 7/10/92	Date of Test 7/15/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure N/A	Casing Pressure	Choke Size -----
Actual Prod. During Test 4	Oil - Bbls. 4	Water - Bbls. 87	Gas- MCF TSTM

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 Marty B. McClanahan
Printed Name Marty B. McClanahan, Sr. Regulatory Analyst
Date 8/03/92 Telephone No. 713-756-6251

OIL CONSERVATION DIVISION

Date Approved AUG 24 1992
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. III

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.