## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

August 17, 1988

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LANG OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	

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

Revised 10-01-75 Format 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS American Exploration Company Address 2100 RepublicBank Center, Houston, Texas 77002 Reason(s) for filing (Check proper box) Other (Please explain) Recompletion OII Dry Gas Change in Ownership Castnehead Cas Condensate If change of ownership give name Tesoro Petroleum Corporation, 8700 Tesoro Drive, San Antonio, Tex. 78 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation 87 Hospith Lease Name Kind of Lease Legge No. Hospah Sand Unit Hospah Fee State, Federal or Fee Location Unit Letter Feet From The North Line and 17N 9W McKinley Line of Section Township Range NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) or Ory Gas Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) Unit Sec. Age. is gas actually connected? .... Жhen..... If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE ERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief. TITLE SUPERVISION DEFE 102#3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation

tests taken on the well in accordance with RULE 111.

able on new and recompleted wells.

completed wells.

All sections of this form must be filled out completely for allow-

Separate Forms C-104 must be filed for each pool in multiply

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.