

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator: Mid-Continent Energy Corp Inc. Well API No. 30-025-22515

Address: 3400 Mid-Continent Tower, 401 S. Boston, Tulsa, OK 74103

Reason(s) for Filing (Check proper box): Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Operator Change
 Recompletion Casinghead Gas Condensate

Change in Operator

If change of operator give name and address of previous operator: American Exploration Company, 1331 Lamar, Suite 900, Houston, Texas 77010-3088

II. DESCRIPTION OF WELL AND LEASE

Lease Name: G. G. Travis Well No. 3 Pool Name, including Formation: Teague Blinberry Kind of Lease Fee: State, Federal or Fee Lease No. _____

Location: Imperial Tubb Drinkard

Unit Letter I: 990 Feet From The East Line and 2310 Feet From The South Line

Section 21 Township 23S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent): P. O. Box 1910, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas : Sid Richardson Carbon & Gasoline Co. Address (Give address to which approved copy of this form is to be sent): 201 Main St., Fort Worth, Texas 76102

If well produces oil or liquids, give location of tanks: Unit I Sec. 21 Twp. 23S Rge. 37E Is gas actually connected? Yes When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: DNC 728

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								
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		
Perforations				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 (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	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 (pucc, 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: Paul Witt
 Printed Name: PAUL WITT Title: PRESIDENT
 Date: 5/13/92 Telephone No.: (918) 587-6363

OIL CONSERVATION DIVISION
 JUN 02 '92

Date Approved: _____
 By: RAY SMITH
 Title: _____

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.