

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

I.

Operator MARK L. SHIDLER, INC.	Well APN No. 3002522368
Address 911 WALKER, SUITE 565, HOUSTON, TEXAS 77002	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator AMERICAN EXPLORATION CO., HOUSTON, TEXAS	

II. DESCRIPTION OF WELL AND LEASE

Lease Name ELK STATE	Well No. 1	Pool Name, including Formation TEAGUE (BLINEBRY)	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No.
Location Unit Letter N : 330' Feet From The 50 Line and 2310 Feet From The WEST Line Section 16 Township 23S Range 37E , NMPM , LEA 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"/> SHELL PIPELINE CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910 MIDLAND, TX 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON CARBON & GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) 201 MAIN, FT. WORTH, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 16	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: DHC-729				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'v	Diff Rec'v
Date Spudded 12/22/67 \ 2/9/89	Date Compl. Ready to Prod. 3/16/89	Total Depth 7316		P.B.T.D. 7250				
Elevations (DF, RKB, RT, GR, etc.) 3296.6 GL	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 6718		Tubing Depth 6680		Depth Casing Shoe 7350		
Perforations 6718-78, 6815-96, 6904-95 & 7009-38								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		1055		450			
8-3/4"	7"		7350		550			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and 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 10/15/91	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 HR	Tubing Pressure 50	PMP	Choke Size
Actual Prod. During Test 8BF	Oil - Bbls. 4	0	OPEN
		3	30

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Condensate/MMCF	Gravity of Condensate
Testing Method (purr, back pr.)	Tubing Pressure (Shut-in)	Flow 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 
MARK L. SHIDLER **PRESIDENT**
 Printed Name Title
 Telephone No. **(713) 222-92**
6/1/92

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

Form is to be filed in compliance with rules and regulations for drilled or deepened well.

1104 accompanied by tabulation of deviation tests taken in accordance

allowable on new and recompleted wells.

Submit 5 Copies
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 1-1-99
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator American Exploration Company	Well API No. 30-025-22368
Address 1331 Lamar St., 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 type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elk State	Well No. 1	Pool Name, Including Formation ABC League Blinbry	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line		State		
Section <u>16</u>	Township <u>23S</u>	Range <u>37E</u>	, NMPM, Lea 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"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St.; Forth Worth, Texas 76102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 16
	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:

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		
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 (pitot, 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.

Michael Auth
Signature
Michael Auth Operations Analyst
Printed Name Title
12-5-91 (713) 756-6000
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 13 1991
By MICHAEL BROWN, DEPUTY DIRECTOR
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.