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

m C-104 leed 1-1-**8**9

DISTRICT II
P.O. Drawer DD, Astonia, NM \$8210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		10 TF	(AN	SPC	HTO	IL AND N	ATURAL (
American Exploration	on Comp	anu				•		W	ell API No.			
Address	OH COMP	any										
1331 Lamar St., Su	ite 900	; Hous	stor	1, I	exas	77010-3	088					
Reason(s) for Filing (Check proper box) New Wall		_		-	_	O	her (Please ex	plain)				
Recompletion	0:1	Change										
Change in Operator	Oil Casinghe	nd Gas 🗵		y Gas	_							
If change of operator give name			<u> a</u>		<u> </u>							
and address of previous operator	· · · · · · · · · · · · · · · · · · ·											
II. DESCRIPTION OF WELL	AND LE											
A det lace Local Lattice Table								ed of Lease (4. Federal)or F	ee I	ease No.		
Location						Fed			ederal			
Unit LetterN	: 330	0	_ Fee	st From	n The _S	South Li	e and <u>198</u>		Feet From The	West	Line	
Section 2.0 Transacti	- 252											
Section 28 Townshi	p 25S		Ras	nge	37E	,N	MPM, Le	а			County	
III. DESIGNATION OF TRAN	SPORTE	R OF C		AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Sturlack Ferm Name of Authorized Transporter of Casing		3	1	C	. -	Address (C)						
Name of Authorized Transporter of Casingheed Gas Sid Richardson Carhon & Casoline Co									ed copy of this			
If well produces oil or liquids,				Ree	E. Is gas actually connected?			t Worth, Texas 76102				
give location of tanks.	N		28 25		37E	Yes	Yes		May 1979			
If this production is commingled with that	from any oth	er lease or	pool,	give	comming	ling order num	ber:		ay 1979.			
IV. COMPLETION DATA		Y	γ			y						
Designate Type of Completion	- (X)	Oil Wel	1 1	Ger	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Rendy t	o Prod	1		Total Depth	<u> </u>		P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						- A116						
					Top Oil/Gas	ray		Tubing Dep	Tubing Depth			
Perforstions						<u> </u>			Depth Casis	Depth Casing Shoe		
TUBING, CASING AND						CEMENTI						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				<u>E</u>		DEPTH SET			SACKS CEMENT		
												
	<u> </u>		-									
. TEST DATA AND REQUES												
OIL WELL (Test must be after re Date First New Oil Run To Tank			of loa	d oil d	and must					for full 24 hour	3.)	
Sate Pilat New Oil Rue 10 128K	Date of Test					Producing Me	thod (Flow, pr	ump, gas lift,	etc.)			
ength of Test	Tubing Pres	bing Pressure					re		Choke Size			
Actual Prod. During Test	l Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF	Gas- MCF		
O A C TURBU T												
GAS WELL Actual Prod. Test - MCF/D	(Learning of the					.		·		•		
	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size	Choke Size		
'L OPERATOR CERTIFICA				NC	E	_	W 001	IOEDV	47.01.			
I hereby certify that the rules and regulat	tions of the O	il Conserv	vation				AL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							_		NFC	1 3 199	91	
Muhad Au	_					Date	Approve	d	·	0 100	<u> </u>	
	V T					D	MIGINA	SKGNED	e venal ve	#YTON		
Signature						By_	0.8S	TRICTIS	dy Jeday s Wyerusor	33 1 VIV		
Printed Name Michael Auth			Title			Title_						
		tions	An		st_	1.6		•••				
Date 12-5-91 (713)	756-600)0										

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.