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

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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator American Exploration Company		Well API No. 30-031-20944
Address 2100 RepublicBank Center, Houston, Texas 77002		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah Sand Unit	Well No. 105	Pool Name, including Formation Hospah Lower Sand	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 1750 Feet From The West Line and 70 Feet From The South Line Section 36 Township 18N Range 9W, NMPM, McKinley 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 Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 12999, Scottsdale, Arizona 85267					
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 N	Sec. 36	Twp. 18N	Rge. 9W	Is gas actually connected? N/A	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/09/89	Date Compl. Ready to Prod. 9/15/89	Total Depth 1701	P.B.T.D. 1684					
Elevations (DF, RKB, RT, GR, etc.) 6978 GR	Name of Producing Formation Hospah Lower Sand	Top Oil/Gas Pay 1638	Tubing Depth 1606					
Perforations 1638-44	Depth Casing Shoe 1701							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		84		50 sx. C1 "B"			
7-7/8	5-1/2		1701		315 sx. 50/50			
	2 3/8		1606					

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 9/15/89	Date of Test 9/26/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1	Oil - Bbls. 1	Water - Bbls. 365	Gas - MCF 0

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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, Sr. Production Analyst  
Printed Name  
9/15/89  
Date  
713-237-0800  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 05 1990

By  
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.