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Appropriate District Office
DISTRIC1'1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 110	"10			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Well A	PI No.			
American Exploration	Company	7									005-2	0890	
Address	<u> </u>	<u> </u>				<del></del>						~,,0	
2100 RepublicBank Cen	ter, Ho	ouston	, T	exas	770	02							
Reason(s) for Filing (Check proper box)						Oth	et (Please exp	lain)					
New Well		Change in	Tran	usporter	of:								
Recompletion	Oil	X	Dry	Gas									
Change in Operator	Casinghea	d Gas 📋	Con	denme									
f change of operator give name									•				
and address of previous operator						<del></del>	· · · · · · · · · · · · · · · · · · ·						
L DESCRIPTION OF WELL	AND LEA		-										
Lease Name		Well No.   Pool Name, Including					San Andres)			Kind of Lease State, Federal or Fee		<b>46153A</b>	
Miller "33" Federal		4	1	OIII-1	On: (	Sali Allui	.65)			eral	TWI O	40133A	
Location D	990				E	ast	90	90			South		
Unit Letter	-:		_ Feet	t From	The _E	Lin	e and		Fe	et From The		Line	
Section 33 Township	, 7s		D		31:	E	. (70. (	Chav	ves			G	
Section 33 Township	, /5		Ran	ige	- 31.	, N	MPM,		• • • •			County	
III. DESIGNATION OF TRANS	SPARTE	ROFO	TT. A	א מא	JATTI	RAL GAS							
Name of Authorized Transporter of Oil	-X	or Conde		<u></u>	<u></u> 7		ve address to w	hich ap	proved	copy of this f	orm is to be se	ent)	
Enron Oil Trading & T	1 1			.o. —	1		ox 1188		-				
Name of Authorized Transporter of Casing		[X]		Ory Gas		<del> </del>	e address to w						
Cities Service Oil &					• —								
If well produces oil or liquids,	Unit	Sec.	Tw			is gas actuali		i	When				
give location of tanks.	J	33	1 7	S [3	1E	7	es		10	/13/82			
f this production is commingled with that f	rom any oth	ner leane or	pool,	give co	ommingi	ing order num	ber:						
V. COMPLETION DATA													
Decision Toronto Company	an.	Oil Wel	1	Gas	Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			I				1				L		
Date Spudded	Date Com	pi. Ready t	o Proc	d.		Total Depth				P.B.T.D.			
						7.030							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth				
Perforations								D 11 C 1					
renormons										Depth Casin	ig Snoe		
<del></del>				CD IC	4 3 773	CIEN CENTRA	NO DECOL					-	
TUBING, CASING AND						i e				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT					
_	1						<u></u>			<del> </del>		<del></del>	
	<del> </del>										· -		
				-			<del></del>				·	<del></del>	
V. TEST DATA AND REQUES	T FOR 4	LLOW	ARI	.F.		l				l			
OIL WELL (Test must be after re					nd must	he equal to o	exceed too all	lowable	for this	depth or be	for full 24 hou	<b>73.</b> )	
Date First New Oil Run To Tank	Date of Te		,			-	ethod (Flow, p					,	
Page of 162							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Length of Test Tubing Pressure					Casing Pressure					Choke Size			
-							<u>-</u>						
Actual Prod. During Test Oil - Bbls.						Water - Bbls.				Gas- MCF			
GAS WELL			-				<del></del>						
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conde	sate/MMCF			Gravity of C	Condensate		
Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	DT T	A NICT		<u> </u>				<del></del>		<del></del> -	
					ٺ		OIL COI	<b>NSE</b>	RV	ATION	DIVISIO	N	
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 k		_				Date	1 Anneau	-d		MAR	1 13	עס	
	/ .	/ /	17		/ \	Date	Approve	<b>:u</b> _	-				
Mart. 5	1/11.	1.11	/ 711	a h	)	_			<b>~!</b> *! <b>*</b> *	CIGNED S	SY JERRY S	EXTON	
Signature Marty B. McClanahan,	711/6		- <i></i>	n: #4.//. *	<i>₩</i>	By_		ORIG	GINAL	SIGNED !	UPERVISOR		
	Sr. Pr	roduct.			<u>rys</u> t				וע	31KIC1 13	= ·		
Printed Name	12 225	0000	Titl	e		Title							
3/01/89 7	13–23 <i>7</i> -		enhon	e No.									
		1.04	- Provide	<del></del>		11							

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) Senarate Form C-104 must be filed for each pool in multiply completed wells.

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