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 1-1-89
See Instructions
at Bottom of Page

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 ALLOW	ABLE AND AUTHORIZ	ATION		
I.	TO TRANSPORT (OIL AND NATURAL GAS	S		
Operator	Well API No.				
American Exploration	ı Company				
Address					
2100 NCNB Center, 70	00 Louisiana, Houston,	TX 77002			
Reason(s) for Filing (Check proper box)		Other (Please expian	1)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Operator X	Casinghead Gas Condensate				
f change of operator give name and address of previous operator	abot Petroleum Corporat	tion, P.O. Box 9999	, Amarillo, TX	79105	
II. DESCRIPTION OF WELL					
Lease Name	Well No. Pool Name, Including Formation		Kind of Lease	Lease No.	
J. L. Reed	2 King	Wolfcamp	State, Federal or Fee		
Location	660				
Unit LetterA	:660 Feet From The	North Line and 660	Feet From The	East Line	
Section 35 Townsh	ip 13S Range 37	7E , nmpm ,	Lea	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Amoco Pipeline Compan	NSPORTER OF OIL AND NAT	Address (Give address to whic		·	
_ 		201 Main Street			
Name of Authorized Transporter of Casin Warren Petroleum Corp		Address (Give address to whic			
If well produces oil or liquids,		P.O. Box 1589,		JZ	
ir well produces on or liquids,		ge. Is gas actually connected? 7E Yes	When ?		
f this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give commi		4/1/68		
V. COMEDITOR DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Sa	ume Res'v Diff Res'v	
Designate Type of Completion		I New Well WORKOVEL	Deepen Flug Back Sa	une kes v Dili kes v	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	I This is the second of the se		
Elevations (Dr, RRB, R1, GR, etc.)	Name of Fronticing Pointation	1.50 0.2 0.2 1.2,	Tubing Depth		
Perforations			Depth Casing S	ihoe	
	TUBING, CASING AN	D CEMENTING RECORD			
HOLE SIŽE	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT	
		ļ	· · · · · · · · · · · · · · · · · · ·		
		!			
	<u> </u>				
. TEST DATA AND REQUES					
	recovery of total volume of load oil and m			full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pury	Producing Method (Flow, pump, gas lift, etc.)		
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Oil - Bbls.

Length of Test

Tubing Fressure (Sinu-m)

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.

Actual Prod. During Test

lesting Method (puot, back pr.)

GAS WELL
Actual Prod. Test - MCF/D

the state of the s	
1	·
Non-	with
Signature Roy Quiproga	Production Administrator
Printed Name	Title
October 3, 1989	713-237-0800
Date	Telephone No.

OIL CONSERVATION DIVISION

Gas- MCF

Gravity of Condensate

Date Approved OCT 2 1 1989

By _____Eddis W. Seay

Title ______
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.

Water - Bbls.

Bbls. Condensate/MMCF

Casing Pressure (Sinut-In)

- 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.