Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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 New Mexico 87504-2088

r.O. Diawei DD, Allesia, NWI 66210		Santa	Fe. New Mo	exico 8750	ico 87504-2088				7. 7. 7.		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOLU		•			7.4.7.1	ر برگر میرسد	en la			
I.			RALLOWAE SPORT OIL				200	27.0	, m g		
Operator	· · · · ·		6- July 1997		701171201		PI No.				
American Exploration (16-756-6000						602				
Address	TT		7700	.			£6	123-19	196)		
2100 RepublicBank Cent Reason(s) for Filing (Check proper box)	er, not	ist on, 1	lexas //uc		er (Please expla	uin)	<u> </u>				
New Well	,	Change in Tra	ansporter of:		ci (i ieuse expu	/ .					
Recompletion	Oil		ry Gas			,					
Change in Operator	Casinghead	Gas C	ondensate								
If change of operator give name and address of previous operator <u>Cabo</u>	ot Petro	oleum Co	propration	P. O.	Box 5001	Parroa	. Texas	79065			
II. DESCRIPTION OF WELL .			•	,		,	,				
Lease Name			ol Name, Includi	ng Formation		Kind o	of Lease	Le	ase No.		
J. L. Reed	3 King			State,			Federal or Fee Fee				
Location			-								
Unit LetterG	:198	30 Fe	et From The	North Lin	e and $\underline{}$	50 Fe	et From The _	East	Line		
Section 35 Township	135	S Ra	ange 37	TE N	мрм,	Lea			County		
33	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>			1.(-1.1					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil					e address to wh	:-h	ann of this fo	is to be se			
name of Additionzed Transporter of Chi		or Condensate		Address (Giv	e aaaress to wn	ист арргочеа	copy of this fo	rm is to be se	nu)		
Name of Authorized Transporter of Casing	head Gas	or	Dry Gas	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be se	nt)		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv	wp. Rge.	Is gas actuali	y connected?	When	?				
f this production is commingled with that i	mm any othe	r lease or noo	N give comming	ing order num	her:						
IV. COMPLETION DATA	nom any out	i loase of poc	n, give extendigi	ing order name							
D 1		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion			1,	Total Darth	L	<u> </u>	1		<u> </u>		
Date Spudded	Date Compl	. Ready to Pr	rod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
				ļ. <u></u>							
Perforations				Depth Casing Shoe							
	T	URING C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE	NG SIZE	CENTERVIA	DEPTH SET		SACKS CEMENT						
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE				<u> </u>				
OIL WELL (Test must be after re								or full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test	t		Producing M	ethod (Flow, pu	mp, gas lift, e	tc.)				
1 oth of Tool				Cacing Press	100	<u> </u>	Choke Size				
Length of Test	Tubing Pressure			Casing Pressure							
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
<u>-</u>											
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Snut-in)	Casing Press	ure (Snut-In)		Cloke Size				
W OPERATOR CERTIFIC	ATE OF	COMPL	LANCE	1	Ò						
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulations are supported by the support of the supp				100	DIL CON	ISERV	I NOITA	DIVISIC	N		
Division have been complied with and	that the infor	mation given:		11/15		_		1000			
is true and complete to the best of my l	Date	ĎIL CON Approve	d = U	EU V Ó	<u> </u>						
Kan /	, ,			11/07							
Signature	roza			[⊍] By_			ide de lini	r 2000	7		
Roy Quirega	Prox		nistrator			, KIC	COPER A	SOR			
Printed Name		T	itle	Title							

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

Nov. 27, 1989

- 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.

713-237-0800

Telephone No.

- 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.