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

DISTRICT II P.O. Drawer DD, Artesia, 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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator American Exploration Company 2100 NCNB Center, 700 Louisiana, Houston, TX 77002 Reason(s) for Filing (Check proper box) Other (Please expiain) New Well Change in Transporter of: __ Dry Gas Recompletion Oil Change in Operator Condensate If change of operator give name Cabot Petroleum Corporation, P.O. Box 9999, Amarillo, TX 79105 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Lease No. State, Federal or Fee New Mexico 'C' State King Wolfcamp 1 E-8176 Location North Line and _ 2310 Ε 330 Unit Letter ___ Feet From The _ Feet From The _ 36 Township 13S 37E Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X 201 Main Street, Suite 500, Amoco Pipeline Company Ft. Worth, TX 76102 or Dry Gas Name of Authorized Transporter of Casinghead Gas \mathbf{X} Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK Warren Petroleum Corporation 74102 If well produces oil or liquids, Unit Twp. Rge. | Is gas actually connected? Sec. When? give location of tanks. Ε 36 13S 37E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Weil Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Length of Test Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Tubing rressure (Shut-in) Casing Pressure (Shut-in) Choke Size esung Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation OCT 2 0 1989 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ Eddie W. Seay By_{-} Signature Production Administrator Oil & Gas Inspector Roy Quiroga

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

Printed Name October 3, 1989

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

713-237-0800

- 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.

DEC STALL

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