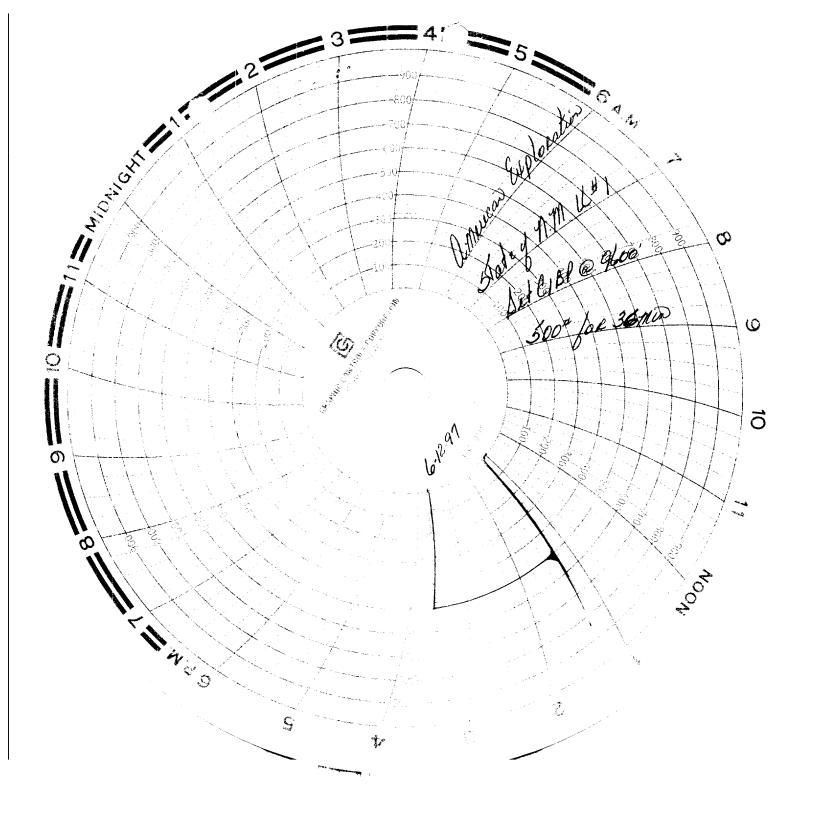
Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department Form C-103

to Appropriate District Office

Revised	1-1-

District Office		I DITTOTALI		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO. 30-025-23128	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. K-3846	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name New Mexico "U" State	
1. Type of Well: OIL WELL X WELL	OTHER			
2. Name of Operator			8. Well No.	
American Exploration	Company		9. Pool name or Wildcat	
3. Address of Operator	O Houston Towns 7	7010_3088	Baum, Upper Penn	
1331 Lamar, Suite 90	0 Houston, Texas 77	010-3000	Dadm, Opper renn	
4. Well Location Unit Letter _G :1	980 Feet From The North	Line and	1980 Feet From The East Line	
Section 4	Township 14S Ran	ige 33E	NMPM Lea County	
Section 4	10. Elevation (Show whether L	OF, RKB, RT, GR, etc.)		
	4237.6 GI		<u> </u>	
Check	Appropriate Box to Indicate N	Nature of Notice, I	Report, or Other Data	
	ITENTION TO:	SUI	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		
PULL OR ALTER CASING	ASING CASING TEST AND CEMENT JOB X			
OTHER:		OTHER:		
12. Describe Proposed or Completed Ope	rations (Clearly state all pertinent details, an	d give pertinent dates, inc	luding estimated date of starting any proposed	
work) SEE RULE 1103. American Exploration	request a Long Term Sh	ut-in status.	The well was tested for	
inici ican biipioi acia	101111111111111111111111111111111111111			
casing intergity Jun	e 12, 1997. Intergrity	test chart is	attached.	
		· · · · · · · · · · · · · · · · · · ·	/ *	
	•	This Approval	of Temporary /	
	Å	Bandonasat/Ex	pires 7/9/2002	
		/_		
I hereby certify that the information above is	true and complete to the best of my knowledge and	l belief.		
(h.l. inte	7)		Coordinator DATE 7/1/97	
SIGNATURE / / CULTURE			TELEPHONE NO. 713-756-6	
TYPEOR PRINT NAME Melinda	Mayse		1227FURE NO. 713-730-0	
(This apace for State Use)			u a Francia	
ORIGINAL SIG	NED BY CHRIS WILLIAMS			
APPROVED BY DISTER	TOT I SUPERVISOR	TLE	DATE	



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