

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator American Exploration Company	
Address 4500 RepublicBank Center, Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Union Texas Petroleum Corporation, 1300 Wilco Bldg., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Post	Well No. 1	Pool Name, including Formation South King (Devonian)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> <u>N</u> : <u>700</u> <u>990</u> Feet From The <u>South</u> Line and <u>467</u> <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>14S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation Amoco Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77002</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>1</u> Twp. <u>14S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>11-5-83</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-296

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Marty McClanahan
(Signature)
Production Department
(Title)
February 1, 1987
(Date)
Remarks: Filed to correct gas transporter

OIL CONSERVATION DIVISION

APPROVED MAR 24 1987
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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