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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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

I.	HEQU		R ALLOWAE						
Operator American Exploration Company				-	Well APT No. 30-025-28675				
Address			TV	77002		<del></del>	00-012	<u> </u>	<u>v / J</u>
2100 NCNB Center, 70 Reason(s) for Filing (Check proper bo		ana, Ho	uston, 1A	77002 Oth	ет (Please expl	ain)			
New Well		~~	Transporter of:						
Recompletion	Oil Casinghea		Dry Gas — Condensate						
If change of operator give name and address of previous operator			m Corporat	ion, P.	). Box 9	999 <b>,</b> Ama	rillo, T	X 7910	15
II. DESCRIPTION OF WEI	L AND LE	ASE							
Lease Name			Pool Name, Include				of Lease Federal or Fee	į.	ease No. 3138
New Mexico 'P' Stat	<u>te</u>		Baum Upp	Jei reili					
Unit Letter N	: <u>66</u>	0	Feet From The $\frac{Sc}{2}$	uth Lin	e and	80 Fe	et From The	West	Line
Section 33 Town	nship 13	S	Range 33E	, N	мрм,	Lea			County
III. DESIGNATION OF TR	ANSPORTE	R OF OU	L AND NATU	RAL GAS	coubi	OUR DEDMI	AN CORP EFF	9.1.91	
Name of Authorized Transporter of O		or Condens		Address (Giv	e address to w	hich approved	copy of this for	m is to be se	nt)
The Permian Corpora			or Dry Gas	<del></del>	ox 1183,		1 , $TX = //V$ copy of this form	001	
Name of Authorized Transporter of Ca Warren Petroleum Co			or Dry Gas	1	ox 1589,			_	nu)
If well produces oil or liquids,	Unit	Sec.	• :	is gas actuail		When	?		
give location of tanks.	N	33	13S   33E		Yes		10-18-	84	
If this production is commingled with t  IV. COMPLETION DATA	hat from any our	ier lease or p	ooi, give comming	ing order num	Der:		<u> </u>	· <del>- · - · · ·</del>	
Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Date Spudded		ol. Ready to	Prod.	Total Depth	<u> </u>	<del></del>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing For	mation	Top Oil/Gas	Pay	<del></del>	Tubing Depth		
Elevations (DF, KKB, KI, OK, etc.)	realite of 1	roducing 1 or	madon	100 012 012 113					
Perforations							Depth Casing	Shoe	
		UBING, (	CASING AND	CEMENTI	NG RECOR	D .	1		
HOLE SIZE	CA	SING & TUE	BING SIZE		DEPTH SET	•	SA	CKS CEM	ENT
						<u>-</u>			
·								***	
	ECT FOR	I I OWA	DIE						
V. TEST DATA AND REQU OIL WELL (Test must be aft	er recovery of to	LLLUWA. Nai volume o	DLE fload oil and must	be equal to or	exceed top all	owable for thi	s depih or be for	full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Te				ethod (Flow, pr				
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size	
				Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			water - Dore		1101		
GAS WELL									
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbis. Condensate/MMCF		Gravity of Condensate		
Testing Method (puot, back pr.)	Lubing Pre	Lubing Pressure (Snut-in)			Casing Pressure (Shut-in)			Choke Size	
VI. OPERATOR CERTIF	ICATE OF	СОМРІ	LIANCE						
I hereby certify that the rules and regulations of the Oil Conservation				(	OIL CONSERVATION DIVISION				
Division have been complied with a is true and complete to the best of a	and that the information in the	rmation giver nd belief.	above	D-1-	. An	ا ا	OCT 20	1989	
				Date	Approve	:u`			
roy Jung				By Fodie W. Beay					
Roy Quiroga/Pi	coduction	Admini	strator	-, -		Oil	& Ges in	spector	r
Printed Name October 3, 1989	7	13-237-	Title 0800	Title	<del></del>		- <del></del>	· · · · · · · · · · · · · · · · · · ·	-
Date	·		hone No.						

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.
- 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.







**Job separation sheet** 

- 1	NO. OF COPIES RECEIVED					
	DISTRIBUTIO					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
	INANSFORTER	GAS				
1.	OPERATOR					
	PRORATION OF					
	Cassias	<del>*</del>				

III.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

			FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	45			
	IRANSPORTER OIL	j					
	GAS						
	OPERATOR						
I.	PRORATION OFFICE Operator	L					
	Cabot Petroleum Corp	oration	• • • • • • • • • • • • • • • • • • •				
	Address						
	P. O. Box 5001, Pamp						
	Reason(s) for filing (Check proper box)		Other (Please explain)	action Date and			
	New Well X	Change in Transporter of:  Oil Dry Gas	Showing Gas Conn Transporter	ection Date and			
	Change in Ownership	Casinghead Gas Conden					
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation   Kind of Lease	Lease No.			
	New Mexico 'P' State	Baum Upper	Penn State, Federal	<b>-</b>			
	Location						
	Unit Letter N ; 66	Feet From The South Line	e and 1980 Feet From Ti	west			
	22	100	22E	ea County			
	Line of Section 33 Tow	vnship 13S Range	33E , NMPM, I	County			
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve				
	The Permian Corporat		P. O. Box 1183, Houston, Address (Give address to which approve				
	Name of Authorized Transporter of Cas		P. O. Box 1589, Tulsa, C				
	Warren Petroleum Con	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.	N 33 13S 33E	Yes	10/18/84			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA						
	Designate Type of Completion	on - (X)   Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
		]	<u> </u>	Death Coales Share			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	nd must be equal to or exceed top ellow			
٧.	OIL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)			
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	tubing Pressure					
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Float 1001 Mol/D	Bangin of Tool					
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	CE	11	TION COMMISSION			
	·	i de la companya de	ARREOVED NOV - 9	1974			
	I hereby certify that the rules and a	regulations of the Oil Conservation with and that the information given	/ MILL NES CO				
above is true and complete to the best of my knowledge and belief.			BYOU S. Const.				
			TITLE OH & CARE	• 20.			
	ζ,		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.				
	Wickenst Mine						
	(Sign	ature)					
	Agent		All sections of this form must be filled out completely for allow				
	•	tle)	able on new and recompleted well	ile.			
	11/7/84	ne)	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.				

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.

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