

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
American Trading and Production Corporation  
Address  
110 W. Louisiana, Suite 300; Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
Testing Allowable: 4500 bbls for Month of April 1986  
Please call transporter when approved @ (214)741-2030  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lowe Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Devonian</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location Unit Letter <u>"D"</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>-13-S</u> Range <u>-38-E</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>JM Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>2000 N. Tower, Plaza of Americas Bldg.</u> <u>Dallas, Texas 75207</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>7</u>	Twp. <u>13S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>Not at present</u>	When <u>6-1-86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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.

Donald R Cox  
(Signature)  
District Engineer  
(Title)  
April 28, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 5 1986, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY GIBSON  
TITLE DISTRICT 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 deviated 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 multiple completed wells.