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

## State of New Mexico E. gy, 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 II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 1117	1101 OI II OI	E AND IN	TOTIAL CA		API No.			
American Explor	ation	Compa	.ny			Well	API NO.			
Address 700 Louisiana,	Suite	2100	Houston	n, TX	77002-2	791				
Reason(s) for Filing (Check proper box)				Ot	ner (Piease expli	ain)				
New Well		Change in	Transporter of:	С	hange o	f Cond	lensate	Transi	orter	
Recompletion	Change in Transporter of: Change of Conde							1991	or cer	
Change in Operator	Casinghead	d Gas	Condensate **		110001	C I CDI	uary r	, 1771	,	
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA									
Lease Name	N. J. Harman			<u> </u>		1	Kind of Lease State, Federal or Fee		F - 704	
Location			TOWNSE	end Mor	row					
Unit Letter I	. 19	80	Feet From The	South	6	60 E	eet From The	East	••	
_	_ •	160				Г	et riom ine .		Line	
Section 8 Townshi			Range 35E		MPM, L	ea			County	
III. DESIGNATION OF TRAN	SPOR	Thene	CONNIDONA TU	RAL GAS						
Name of Authorized Transporter of Oil Effective 1-133					Address (Give address to which approved copy of this form is to be sent)					
Enron Oil Trading & Transportion Co.				<del> </del>	P.O. Box 1188, Houston, TX 77251-11					
Name of Authorized Transporter of Casin Northern Gas Gathe	ghead Gas or Dry Gas vy			Address (Give address to which approved 2223 Dodge St., Om			copy of this fo	orm is to be se	nt)	
If well produces oil or liquids,	Unit Sec.		Twp. Rge.	i.			When?			
give location of tanks.	I	8 j	16S 35E	Ye	•		/01/70			
f this production is commingled with that:  V. COMPLETION DATA	from any othe	er lease or p	ool, give comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Ready to I	Prod.	Total Depth	L		L DD TD		<u> </u>	
240 Ossipi Nati v 104				•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	·						Depth Casing	g Shoe	<u> </u>	
						-				
TUBING, CASING AND						<u>D</u>	<del>,                                     </del>			
HOLE SIZE CASING & TUBING SIZE			SING SIZE	DEPTH SET			SACKS CEMENT			
								<del></del>		
. TEST DATA AND REQUES	T FOR A	LLOWA	RIE							
OIL WELL (Test must be after re				be equal to or	exceed ton allo	wahle for this	denth or he f	or full 24 haun	1	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pur			n juli 24 nour	3.,	
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
	Tubing Flessure			Casing Present			CHORE SIZE			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL							!			
Actual Prod. Test - MCF/D	Length of Te	est		Bbis. Condensate/MMCF			Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF O	COMPL	JANCE					<del></del>		
I hereby certify that the rules and regular	ions of the O	il Conservat	tion		OIL CON	SERVA	TION [	<b>OIVISIO</b>	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							FEB	1 1201		
as a serior of the serior of t					<b>Approved</b>		r L D &	1001		
Tuvara Klenne					_					
Signature Regulatory Complian Analyst					ce By ORIGINAL SIGNED BY JORRY SEXTON					
Liuwana Denny Printed Name	лиату		itle	1	i	emintel (		j K		
February 13, 1991	(71	3)220	-8563	Title_	<del></del>	<del></del>			*	
		I eleph	one No.	I						

## 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.