

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88249

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator American Exploration Company		Well AFI No. 20-005-00857
Address 2100 NCNB Center, 700 Louisiana, Houston, Texas 77002		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Operator ☒	Carryinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator Oryx Energy Company, P. O. Box 1861, Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Linam Hardy Unit Gas Com	Well No. 1	Pool Name, Including Formation Blinberry Oil & Gas	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line Section <u>29</u> Township <u>21S</u> Range <u>37E</u> , <u>NR4M</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Carryinghead Gas ☐ or Dry Gas ☒ Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3316, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rng. Is gas actually connected? When?
	A 29 21S 37E Yes
If this production is commingled with that from any other lease or pool, give commingling order number DHC 376	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sands Res'v	Art 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			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

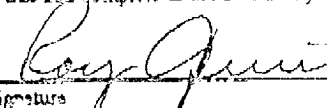
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Test - Condensate MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
Roy Quiroga
Production Administrator
Printed Name
January 5, 1990
Date
(713) 220-8307
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 05 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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 newly drilled, deepened wells.

3) Fill out parts I, II, III, and IV for change of operator or change in transporter, completion, or other well operations.