

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for each proposal.)

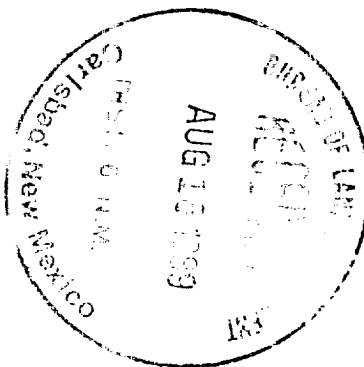
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>American Exploration Company</u>		8. FARM OR LEASE NAME <u>Rosa Lee Federal</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 1885 Eunice, NM 88331</u>		9. WELL NO. <u>1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>F, 1980' FNL, 1980' FNL</u>		10. FIELD AND POOL, OR WILDCAT <u>Wantz Abo/Drinkard</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3475 GR</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19, T21S, R38E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>NM</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER Casing <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <u>Place on productive status</u> <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*			

\* It is our intention to place this well on productive status effective 8/89.

\* Fiberglass tubing will be cleaned up and open top water tank will be removed.



RECEIVED  
AUG 13 11 54 AM '89  
BUREAU OF LAND MANAGEMENT

18. I hereby certify that the foregoing is true and correct

SIGNED

Donnie Hill

TITLE Regional Superintendent

DATE August 8, 1989

(This space for Federal or State office use)

APPROVED BY

(Signature)

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-79  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
American Exploration Company

Address  
2100 RepublicBank Center, Houston, Texas 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Kirby Exploration Company of Texas, P. O. Box 1745, Houston, Tex.

II. DESCRIPTION OF WELL AND LEASE

77251

Lease Name Rosa Lee Federal	Well No. 1	Pool Name, including Formation Wantz ABO	Kind of Lease State, Federal or Fee Federal	Lease No. LC-061650-B
Location				
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 19 Township 21S Range 38E, NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company - Trucks	4001 Penbrook, Odessa, Texas 79762
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 Sec. Twp. Rge. Is gas actually connected? When
	F 19 21S 38E Yes 8/6/69

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-82

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.

Roy Quiroga  
(Signature) Roy Quiroga  
Production Administrator  
(Title)  
May 1, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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.