ibnit 5 Copies propriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240

I<u>STRICT II</u> O. Drawer DD, Artesia, NM 88210

ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | 10 | THANS | PUP | | AND NA | URAL GA | | | | | |
|--|---------------------------------------|---------------------------------------|-----------------|------------------------------|---|------------------------------|--|-----------------------|-------------------------------|------------|--|
| American Exploration Company | | | | | | Well API Na. 30-025-09945 | | | | | |
| ddress | | | 945 | | | | | | | | |
| 2100 RepublicBank | Center, Ho | ouston. | , тх | 770 | 02 | | | | | | |
| eason(s) for Filing (Check proper box) | | | | | | r (Please expla | in) | | | | |
| ew Well | Cha | nge in Tran | sporter | r of: | | - | | | | | |
| ecompletion | Oil | Dry | | \Box | | | | | | | |
| hange in Operator X | Casinghead Ga | s 🗌 Con | densat | c 🗌 | | | | | | | |
| change of operator give name d address of previous operator | rux Eporau | Compar | 117 | ΡO | Box 186 | 1. Midla | and. Tex | as 7970) | 2 | | |
| | | | <u>. y</u> | L_A 1/ A | | | | | | | |
| . DESCRIPTION OF WELL | | | | | r | | TT's a | <u> </u> | | | |
| case NameWell No.Pool Name, IncludiLynch Christmas Com.4Tubb Oil a | | | | | | | Kind of Lease State, Federal or Fee | | Lease No. Fee | | |
| <u>Lynch Christmas Com</u> | . 4 | <u> 11</u> | IDD | 011 a | nd Gas | | | | I'e | | |
| ocation | . 2200 | | _ | S | outh | . 44(|) | et From The | West | • • | |
| Unit LetterL | | Fee | t From | The | Line | and | re | et From 1he | | Line | |
| Section 1 Towns | hip 22-S | Rar | ige | 37-E | . NI | MPM, | Lea | | | County | |
| | | | | | ······································ | | | | | | |
| I. DESIGNATION OF TRA | · · · · · · · · · · · · · · · · · · · | | AND | NATU | | | | | | | |
| lame of Authorized Transporter of Oil | 57 | Condensate | \geq | ζ | • | | | l copy of this for | | | |
| Sun Refining & Mark | | | | | ************************************** | | | ew, Texa | | | |
| lame of Authorized Transporter of Casi | | | | | Address (Give address to which approved P. O. Box 1492, El Pas | | | | | | |
| <u>El Paso Natural Gas</u> f well produces oil or liquids, | Unit Sec | . Tw | | Rge. | Is gas actuali | | When | | | | |
| ve location of tanks. | L 1 | | | 37-E | Yes | | • | 2-14-54 | | | |
| this production is commingled with the | | | | | <u> </u> | ber: | | | | | |
| V. COMPLETION DATA | | | | | | | | | | · . | |
| Designate Time of Completion | | il Well | Gas | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completio | | | Ļ | | Total Death | l | 1 | | | 1 | |
| Date Spudded | Date Compl. R | eady to Pro | KI. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| | | | | | | | | Tuong Dopa | | | |
| erforations | | | | | 1 | | | Depth Casing | Shoe | | |
| | | | | | | | • | | | | |
| | TUE | ING, CA | SINC | G AND | CEMENTI | NG RECOF | U | | · · • • • • • • • • • • • • • | · | |
| HOLE SIZE | CASING | G & TUBIN | IG SIZ | ZE | | DEPTH SET | | S | ACKS CEM | INT | |
| | | | , | | | | | | | | |
| | | | | <u></u> | | | ····· | | <u></u> | | |
| | | | | | | | | | | | |
| . TEST DATA AND REQU | FST FOR ALL | OWAR | · LE | | <u>l</u> | | <u>`</u> | | | | |
| | r recovery of total | | | and must | be equal to of | exceed top al | lowable for th | is depth or be f | or full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Test | | | | | ethod (Fiow, p | | | | | |
| | | | | | | | | | | | |
| ength of Test | Tubing Pressur | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| | | | | | | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | | | | | |
| | | | | | 1 | | | | | | |
| GAS WELL | | ~ | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | Length of Test | | | Bbls. Conde | nsate/MMCF | | Gravity of Condensate | | | |
| Contract of the state of the st | Tubing Dag | Tubing Pressure (Shut-in) | | | Casino Pres | are (Shut-in) | | Choke Siz; | | | |
| Testing Method (pitot, back pr.) | Tuoing Pressure (Snut-in) | | | County + 1000010 (center 10) | | | | | | | |
| | | | | | | | | | | ······ | |
| VI. OPERATOR CERTIF | | | | LL | | OIL CO | NSERV | ATION | DIVISIO | DN | |
| I hereby certify that the rules and re Division have been complied with a | | | | | | | | | 0 4 199 | | |
| is true and complete to the best of n | | | | | Date | e Annrow | Рd | JAN | 0 4 139 | v | |
| | | | | | Date ApprovedOVINUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU | | | | | | |
| | Koy Varies | | | | | | | | | | |
| Kay Ven | | · · · · · · · · · · · · · · · · · · · | 'ignature // // | | | | | | | | |
| 'ignature // // | \overline{O} | Admin | ictr | ator | By_ | | | F | ~~~~~ | | |
| ignature // // | \overline{O} | | | ator | | | | | | 9r. | |
| ignature () | \overline{O} | Ti | istr We | ator | Title | | | | | y)r. | |

STRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Il sections of this form must be filled out for allowable on new and recompleted wells.

Il out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

parate Form C-104 must be filed for each pool in multiply completed wells.