## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			1		
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FILE					
U.S.G.S.				١	
LANG OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION 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 International Energy Corporation					
Address F701 Needung Suite 222 Negation Toyon 77	057				
	057				
Reason(s) for filing (Check proper box)	Other (Please expiain)				
New Weil Change in Transporter of:					
	Condensate				
Casindana are	ondensate				
If change of ownership give name Sun Exploration & Produc	tion Co., P.O. Box 1861, Midland, Texas 79702				
and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No.   Pool Name, Including F					
Danglade 1 Blinebry Oil	& Gas State, Federal or Fee Fee				
Location 1.000 Courth	660				
Unit Letter ; Feet From The Lir	660 West				
13 7 22-5	37-E Lea				
Line of Section 13 Township 22 Range	J)-L , NMPN, Lea County				
III DESIGNATION OF TRANSPORTER OF OR AND MATTER OF					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil AT or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Shell Pipeline	P.O. Box 1509 Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas 🔼 or Dry Gas 🗌 El Paso Natural Gas	Jal, New Mexico				
If well produces oil or liquids, quive location of tanks.  Unit Sec. Twp. Rge.  13 22 37	Yes When 1-8-71				
If this production is commingled with that from any other lesse or pool,	give commingling order number:				
NOTE: Complete Parts IV and V on reverse side if necessary.					
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION				
	00T - 0 109A				
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	APPROVED 101 - 8 1304 , 19				
my knowledge and belief.	BYORDANAL MOREL HE SEE WESTON				
	<b>DGTMC7</b> ( ) ( ) ( ) ( ) ( ) ( )				
	TITLE				
This form is to be filed in compliance with RULE 1100  If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for a new and recompleted wells.					
		(Date)	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.		