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Appropriate District Office  
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator American Exploration Company	Well API No.
Address 2100 RepublicBank Center, Houston, Texas 77002	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico M State	Well No. 4	Pool Name, including Formation Langlie Mattix Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. State B-934
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 19 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Sun Ref. & Marketing	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tenneco Producing, Inc. El Paso N. & G.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 29	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When? July 1, 1987
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded or Workover 5/22/89	Date Compl. Ready to Prod. 6/07/89	Total Depth 3714		P.B.T.D. 3578				
Elevations (DF, RKB, RT, GR, etc.) 3414' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3589		Tubing Depth 3556			
Perforations 3589-3695' OK PK					Depth Casing Shoe 3578			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8"		465'		175 SX.			
6-3/4"	5-1/2"		3578'		300 SX.			

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 6/07/89	Date of Test 6/19/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 50	Casing Pressure	Choke Size
Actual Prod. During Test 2 BO	Oil - Bbls. 2	Water - Bbls. 83	Gas- MCF 2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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  
Marty B. McClanahan, Sr. Production Analyst  
Printed Name  
6/21/89  
Date  
Telephone No.

OIL CONSERVATION DIVISION

JUN 26 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: 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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 26 1959

OCB  
HOBBS OFFICE