Submit 5 Copies Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator BC4D B-C-D Oil & Gas Corporation Address Hobbs, New Mexico 882/11 Other (Please explain) P () Box 5926.

Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Change of Operator Dry Gas Recompletion Casinghead Gas Condensate Change in Operator \boxtimes If change of operator give name and address of previous operator American Exploration Company, 1331 Lamar, Suite 900, Houston, 77010-3088 Texas II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation

Langlie Mattix Seven Rivers, Federal or Fee Well No. | Pool Name, Including Formation Lease No. Lease Name B - 93431 New Mexico M State Queen Greyberg Location 660 Feet From The 660 Feet From The North Line and Α Unit Letter _ 30 Township 22S 37E , NMPM, Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS RAL GAS Injection Well
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas When? Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. Unit I Sec. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Gas Well Diff Res'v Oil Well New Well Workover Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE st be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL (Test must be after recovery of total volume of load oil and Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls Actual Proof During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Rbis Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation APR 0 7'92 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ By ORIGINAL SIGNED BY HEREY SEXTON DISTRICT LOUPLINGSOR Signature Crawford Culp President Printed Name 3-17-92 392**-**5176 Title_ Date

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 new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.