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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088

Ι		OTRAN	SPORT	DIL AND	NATURAL G	AS				
Operator Company Compa							PI No.			
American Exploration Company Address						30-025-25522				
2100 RepublicBar	ık Center.	. Housto	n. TX	77002						
Reason(s) for Filing (Check proper box					Other (Please expl	ain)		- <del></del>		
New Well		Change in Tr	ansporter of:	_	•	,				
Recompletion	Oil	α 🗌	ry Gas							
Change in Operator XX	Casinghead	i Gas 🔲 C	ondensate [							
If change of operator give name and address of previous operator	Oryx Ene	rgv Comm	any, P.	O. Box	1861, Mid	land, Te	xas 791	702		
•	•			· · · · · · · ·				17.10		
I. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including					ng Formation   Vind.			of Lease No.		
Lynch Christmas Cor	Well rick   Col 1 wille, include				- I a			Federal or Fee		
Location								<u>-</u>		
Unit LetterM	: 330	Fe	ed From The	South	Line and 330	)· Fo	et From The	West	Line	
Section 1 Town	iship 22-S	R	enge 37-	E	, NMPM,	Lea			County	
III. DESIGNATION OF TRA	ANSPORTE	R OF OIL	AND NA							
Name of Authorized Transporter of Oi	1 <b>%</b>	or Condensat	¢ 🔀		(Give address to w				ent)	
Sun Refining & Marketing Co.					P. 0. Box 3187, Longview, Texas 75606					
Name of Authorized Transporter of Casinghead Gas or Dry Gas S					Address (Give address to which approved come of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999					
F1 Paso Natural Gas Co.  If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?					
give location of tanks.	M	· · ·	22S   37E	_	Yes	i_1	2-28-81			
If this production is commingled with the	at from any other	er lease or poo	d, give comm	ingling order	number:					
IV. COMPLETION DATA	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	louw n	1 6 71			1		<u> </u>	L	
Designate Type of Completic	on - (X)	Oil Well	Gas Wel	l New	Well   Workover	D <del>ee</del> pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total D	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casing Shoe		
								·····-		
	TUBING, CASING AND						<del>,</del>			
HOLE SIZE	CAS	SING & TUBI	NG SIZE		DEPTH SET			SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·		<del></del>						
		·	<del> </del>				ļ			
V. TEST DATA AND REQU										
OIL WELL (Test must be after Date First New Oil Run To Tank	· · · · · · · · · · · · · · · · · · ·		load oil and n		to or exceed top all			for full 24 hou	ur <b>s</b> .)	
Date First New Oil Run 10 Tank	Date of Tes	<b>t</b>		Produci	ng Method (Fiow, p	штр, даз іуі, е	16.)			
Length of Test	Tubing Pressure			Casing	Casing Pressure			Choke Size		
				1						
Actual Prod. During Test	Oil - Bbls.			Water -	Water - Bbls.			Gas- MCF		
GAS WELL							J	····		
Actual Prod. Test - MCF/D	Length of T	l'est		Bbls. C	ondensate/MMCF		Gravity of	Condensate		
	_									
Testing Method (puot, back pr.)	Tubing Pre	ssure (Shut-in	)	Casing	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF	COMPI	IANCE							
I hereby certify that the rules and re	gulations of the	Oil Conservat	ion		OIL COI	<b>NSERV</b>	ATION	DIVISIO	NC	
Division have been complied with a			above				1/	AN 0 4	1990	
is true and complete to the best of r	ny knowiedge an	KI DENEI.			Date Approve	ed	Ur	711 V T	1000	
- Keer Chee	1.37.6					OPIGIN	Al CIAL			
Signature //	:/	, -		-    E	Ву	URIGIN.	ML SIGNES	BY JERRY SUPERVISO	SEXTON	
Roy Quiroga	Productio									
Printed Name December 1, 1989		τ -713-237	ide -ÚŘUŮ	T    T	Title	<del> </del>				
Date			one No	-						

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.

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4) Separate Form C-104 must be filed for each pool in multiply completed wells.