STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
U.8.6.4.			
LAMB OFFICE			
TRANSPORTER	OIL		
	8.44		
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

<u>I</u>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
American Exploration Company				
2100 RepublicBank Center, Houston, Texas	77002			
	Other (Please explain) ry Gas condensate			
If change of ownership give name Kirky Exploration Company of Texas, P. O. Box 1745, Houston, Tex.				
II. DESCRIPTION OF WELL AND LEASE Location Fanning B Location North	formation Kind of Lease No. b Drinkard State, Federal or Fee Fee			
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line of Section 33 Township 23S Range 37E , NMPM, Lea County				
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name at Authorized Transporter of Oil or Condensate Shell Pipeline Company Name of Authorized Transporter of Casinghest Gas or Dry Gas El Paso Natural Gas If well produces oil or liquids, Quit Sec. Twp. Rgs. Give location of take. A 33 23S 37E	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978 Is gas actually connected? When			
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 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 my knowledge and belief.	OIL CONSERVATION DIVISION APPROVED			
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation administrator (Title) All sections of this form must be filled cut completely for allowable on new and recompleted wells.				
May 1, 1988 (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 filled for each pool in multiply completed wells.			