

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Mark L. Shidler, Inc.</u>		Well API No. 3002522368
Address <u>911 Walker, Suite 565 San Jacinto Bldg. Houston, TX 77002</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Operator Change <input type="checkbox"/> Other (Please explain)		

If change of operator give name and address of previous operator American Exploration Company, 1331 Lamar, Suite 900, Houston Texas 77010-3088

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Elk State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Abo Teague, Abo, North</u>	Kind of Lease <u>State, Federal or Fee</u>	State <u>Texas</u>	Lease No. <u>77010-3088</u>
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>23S</u> Range <u>37E</u> , <u>NMPM</u> Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box, Midland, Texas 79701</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Sid Richardson Barber Gasoline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main St., Fort Worth, Texas 76102</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>16</u>	Twp. <u>23S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When ?

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 729

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		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 CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

Mark L. Shidler
Signature
MARK L. SHIDLER
Printed Name
PRESIDENT
Title
(713) 222-9291
Telephone No.
Date

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.

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PB-C50/101+H38