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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, 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  |                                |                          |             |                                       |  |                                       | Wei            | API No.                |                 |            |  |
|---|--------------------------------|--------------------------|-------------|---------------------------------------|--|---------------------------------------|----------------|------------------------|-----------------|------------|--|
| American Exploration Company  |                                |                          |             |                                       |  | 30-025-22515                          |                |                        |                 |            |  |
| Address   |                                |                          |             |                                       |  |                                       |                | 90 0,                  | <u>~~~</u>      | 515        |  |
| 1331 Lamar St., S Reason(s) for Filing (Check proper box)                               | <u> </u>                       | 00; Hou                  | <u>ısto</u> | n, Texa                               | s 77010-   | 3088                                  |                |                        |                 |            |  |
| New Well  |                                | Change in                | тав         | morter of                             |  | her (Please exp                       | olain)         |                        |                 | ·          |  |
| Recompletion  | Oil                            |                          | Dry         | , , , , , , , ,                       |  |                                       |                |                        |                 |            |  |
| Change in Operator  | Casinghe                       | ad Gas 🛛 🛚               |             |                                       |  |                                       |                |                        |                 |            |  |
| If change of operator give name and address of previous operator                        |                                |                          |             |                                       | ···  | · · · · · · · · · · · · · · · · · · · |                |                        |                 |            |  |
| II. DESCRIPTION OF WELL   | ANDIE                          | ACE                      |             | · · · · · · · · · · · · · · · · · · · |  |                                       |                |                        |                 |            |  |
| ease Name Well No Pool Name Is  |                                |                          |             | Name Inch                             | hading Formation Tlague Blinking   |                                       |                | of Lease Lease No.     |                 |            |  |
| G.G. Travis   |                                | 3                        | L           | nperiol                               | Tubb Dr  | inkard                                |                | or Lease, Federal of F | e) 1            | Lease No.  |  |
| Location  |                                |                          |             |                                       |  |                                       | Fe             |                        | <del></del>     |            |  |
| Unit LetterI  | _ :9                           | 90                       | Feet        | From The _                            | East_Lin   | e and231                              |                | eet From The           | South           | Line       |  |
| Section 21 Townsh   |                                | ,                        | _           |                                       |  | •                                     | <b>.</b>       |                        |                 | Line       |  |
| Section 21 Townsh   | iip 23S                        | <u></u>                  | Rang        | <u> 37F</u>                           | , N  | MPM, I                                | ea             |                        |                 | County     |  |
| III. DESIGNATION OF TRAN  | <b>SPORTE</b>                  | R OF O                   | L A         | JTAN ON                               | JRAL GAS   |                                       |                |                        |                 |            |  |
| reame of Althonized Transporter of Oil  |                                | or Conden                | sate        |                                       | Address (Gir   | e address to w                        | hich approved  | copy of this           | form is to be s | ient)      |  |
| Name of Authorized Transporter of Casin   |                                |                          |             |                                       |  |                                       |                |                        |                 | ·          |  |
| Sid Richardson Carbon & Gasoline Co.  |                                |                          |             | ليسا                                  | Address (Give address to which approved copy of this form is to be sent) |                                       |                |                        |                 |            |  |
| If well produces oil or liquids,  | Unit                           | _ 1                      | Twp. Rge.   |                                       | 201 Main St.: Fort V   |                                       |                | orth. Te               | <u>xas 761(</u> | 02         |  |
| give location of tanks.   | J                              | 21                       | 235         | 37E                                   | Vo   | ~                                     | i when         |                        |                 | •          |  |
| f this production is commingled with that IV. COMPLETION DATA                           | from any other                 | er lease or p            | ool, g      | ve comming                            | ling order num   | ber:                                  |                |                        |                 |            |  |
| V. COMILETION DATA  | <del></del>                    | Oil Well                 |             | G W #                                 | ) <u>, </u>  | <del></del>                           |                |                        |                 |            |  |
| Designate Type of Completion  | - (X)                          | IOU MET                  | 1           | Gas Well                              | New Well   | Workover                              | Deepen         | Plug Back              | Same Res'v      | Diff Res'v |  |
| Date Spudded  | Date Comp                      | i. Ready to              | Prod.       |                                       | Total Depth  |                                       | L              | P.B.T.D.               | L               |            |  |
| Clare (DE DVD DV  |                                |                          |             |                                       |  |                                       |                |                        |                 |            |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation                          |                                |                          |             |                                       | Top Oil/Gas I  | Pay                                   |                | Tubing Depth           |                 |            |  |
| erforations   |                                |                          |             |                                       |  |                                       |                |                        |                 |            |  |
|   |                                |                          |             |                                       | •  |                                       |                | Depth Casing           | g Shoe          |            |  |
|   | T                              | UBING, C                 | CASI        | NG AND                                | CEMENTIN   | IG RECORI                             | D              | <u> </u>               |                 |            |  |
| HOLE SIZE   | CASING & TUBING SIZE           |                          |             |                                       | DEPTH SET  |                                       |                | SACKS CEMENT           |                 |            |  |
|   |                                |                          |             |                                       |  | <u> </u>                              |                |                        |                 |            |  |
|   |                                |                          |             |                                       |  | <del></del>                           |                |                        |                 |            |  |
|   |                                |                          |             |                                       | ····   |                                       | ·              |                        | <del></del>     |            |  |
| . TEST DATA AND REQUES  IL WELL  (Test must be after re                                 | T FOR AI                       | LLOWAI                   | BLE         |                                       |  | <del></del>                           |                |                        |                 |            |  |
| IL WELL (Test must be after re  | COVERY OF LOLD                 | il volume of             | load i      | oil and must                          | be equal to or   | xceed top allor                       | wable for this | depth or be fo         | r full 24 hour. | 3.)        |  |
|   | Date of Test                   |                          |             |                                       | Producing Method (Flow, pump, gas lift, etc.)                            |                                       |                |                        |                 |            |  |
| ength of Test   | Tubing Press                   | Rure                     |             |                                       | Casing Pressur   |                                       |                | Choke Size             |                 |            |  |
|   |                                |                          |             | _                                     |  |                                       | -              |                        |                 |            |  |
| ctual Prod. During Test   |                                |                          |             | Water - Bbis.                         |  |                                       | Gas- MCF       |                        |                 |            |  |
| GAS WELL  |                                |                          |             |                                       |  |                                       |                |                        |                 |            |  |
| ctual Prod. Test - MCF/D  | Length of To                   |                          |             |                                       | <b>N.</b>  |                                       |                |                        |                 |            |  |
|   | Length of Test                 |                          |             |                                       | Bbis. Condensate/MMCF  |                                       |                | Gravity of Condensate  |                 |            |  |
| sting Method (pitot, back pr.)  | tre (Shut-in)                  |                          |             | Casing Pressure                       | Casing Pressure (Shut-in)  |                                       | Choke Size     |                        |                 |            |  |
|   |                                |                          |             |                                       | _  | ,                                     | j              | -10-20 5-42            |                 |            |  |
| L OPERATOR CERTIFICA  | TE OF C                        | COMPL                    | IAN         | CE                                    |  |                                       |                |                        |                 |            |  |
| I hereby certify that the rules and regulati<br>Division have been complied with and th | ions of the Oi                 | il Conservati            | ion         |                                       | O  | IL CONS                               | SERVA          | LIÓN D                 | IJĬŠĬŎI         | N          |  |
| is true and complete to the best of my kn   | wine information owledge and i | ktion given :<br>belief. | bove        |                                       | _  | IL CONS                               | in the second  |                        | 1991            |            |  |
| MII   | 1 11                           | <del></del>              |             |                                       | Date A   | Approved                              |                |                        |                 |            |  |
| Muhael a  | ull                            |                          |             |                                       |  | Parasana -                            | M* 1 - 1       |                        |                 |            |  |
| Signature Michael Auth Operations Analyst   |                                |                          |             |                                       | By Driginal busined by Jerry Sexton  Description of Services             |                                       |                |                        |                 |            |  |
| Printed Name  | opera                          | Ti                       |             | Lyst                                  | Tal.   | £.∰%.                                 | ra≢ios i jai   | file selvi             |                 |            |  |
| 12-5-91<br>Date   | (713)                          | 756-6                    | 000         |                                       | Title_   |                                       |                |                        |                 |            |  |
| LANCE   | •                              | Telepho                  | me 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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