

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator American Exploration Company		Well API No.
Address 2100 RepublicBank Center, Houston, Texas 77002		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. G. Travis	Well No. 3	Pool Name, including Formation Imperial Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I 990 Feet From The East Line and 2310 Feet From The South Line Section 21 Township 23S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 21	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When?
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DNC 728</u>						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 2/27/89 (Workover)	Date Compl. Ready to Prod. 3/07/89		Total Depth 6377		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3304.6	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6031-6224		Tubing Depth 5920			
Performations 6031', 6047'-51', 6070-72', 6221-24'					Depth Casing Shoe 6357			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8		DEPTH SET 1030'		SACKS CEMENT 400			
8-3/4	7"		6357'		525			

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 3/02/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 22	Casing Pressure	Choke Size
Actual Prod. During Test 22	Oil - Bbls. 22	Water - Bbls. 10	Gas- MCF 20

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.

Signature Marty B. McClanahan  
Marty B. McClanahan Sr. Production Analyst  
Printed Name  
3/20/89  
Date  
713-237-0800  
Telephone No.

OIL CONSERVATION DIVISION  
MAY 18 1989

Date Approved  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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.