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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

<b>T</b>						AUTHOR					
I. Operator	<del> </del>	IO IH	ANS	PUHI UI	L AND N	ATURAL G		API No.		· · · · · · · · · · · · · · · · · · ·	
† •	American Exploration Company						- 1		0-025-22639		
Address American Expic	ration (	<u> Jompany</u>	Υ					<del>30 °C</del> Z	3-226	, 37	
1331 Lamar St.	. Suite	900: I	Hous	ton, Te	xas 7701	0-3088					
Reason(s) for Filing (Check proper box	;)					het (Please exp	rlain)				
New Well		Change is	1								
Recompletion	Oil Control		Dry	_							
Change in Operator If change of operator give name	Catangner	d Gas X	Cond	lensate			<del></del>				
and address of previous operator											
II. DESCRIPTION OF WEL	L AND LE	ASE									
Lease Name		Well No.	Pool	Name, Includ	ing Formation	44	Kind	of Lease		Lease No.	
Elk State		2		Tuble Je	ague I	Blinebry	State	Federal or Fe	•		
Location					0	J	Sta	ite			
Unit Letter M	:330	)	Foot 1	From The S	outh Li	ne and99	<u> 20</u> F	eet From The	West	Line	
Section 16 Towns			D	- 275	•	h.m					
Section 16 Town	hip 23S		King	e 37E		MPM, Le	ea			County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condes					hich approve	d copy of this fo	rm is to be a	ent)	
Shell Pipel	ine										
Name of Authorized Transporter of Cas	•	X	•	y Gas 🗀				d copy of this fo			
Sid Richardson  If well produces oil or liquids,	Carbon Umit				201 M	ain St.;		Worth, T	exas 76	102	
give location of tanks.	M	<b>Sec.</b> 16	1wp.	1 <b>Rgs.</b>	1 -	ly connected?	When	17			
If this production is commingled with the					Yes line order man	ber:		· · · · · · · · · · · · · · · · · · ·	<del></del>		
IV. COMPLETION DATA	•	,	,								
Designate Town of Complete	- 00	Oil Well	$\neg \vdash$	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>				<u> </u>	<u> </u>			<u> </u>	
Date Spudded	Date Comp	al. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	nducine Fo			Top Oil/Ges	Pav			<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				•		,		Tubing Dept	rebu		
Perforations	- I				<u> </u>			Depth Casing	Shoe		
TUBING, CASI			ING AND	G AND CEMENTING RECORD							
HOLE SIZE CA		CASING & TUBING SIZE				DEPTH SET	•	S	SACKS CEMENT		
	<del></del>						· · · · · · · · · · · · · · · · · · ·	<del> </del>			
						<del></del>	<del></del>				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		I		<del></del>	·		·	
OIL WELL (Test must be after	recovery of tol	tal volume e	of load	oil and must					r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, pr	emp, gas lift, d	uc.)			
Length of Test	mai- n				Corina Pro-	· · · · · · · · · · · · · · · · · · ·		Chaka Sina			
Leagur Or Test	Tubing Pres	INTR			Casing Press	ire		Choke Size			
Actual Prod. During Test				Water - Bbis.			Gas- MCF	Gas- MCF			
-	Oil - Bbls.										
GAS WELL	<del></del>							<u> </u>			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condes	este/MMCF		Gravity of Co	ndensite		
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VL OPERATOR CERTIFIC	CATE OF	COMP	LIAI	NCE	∥ ,	NI 001	IOED\	ATION 5			
I hereby certify that the rules and regu	ulations of the (	Dil Conserv	ation		(	JIL CON	SEKV	ATION [	NSIC	Ν	
Division have been complied with and is true and complete to the best of my	I that the information of the contraction of the co	nation give d belief	a abov	e	_	_	_	• •			
					Date	Approve	d	·-·	·	- <del> </del>	
Michael an	ith				l <b>l</b>						
Signature					By_	7.97.368A	. <b>366</b> 200		CATON		
Printed Name	·	·	Trees		li		· · · · · · · · · · · · · · · · · · ·				
Michael Auth	Onc	ration	Title	01.004	Title	<del></del>					
Date 12-5-91 (7	713)756-6	6000	hone !	AC.							
	,										

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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P.O. Box 1980, Hobbs, NM 88240

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

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						Well	API No.				
American Exploration C	ompany										
Address					-						
2100 RepublicBank Cent	<u>er, Houston,</u>	Texas	77002								
Reason(s) for Filing (Check proper box)		_		Oth	et (Please explo	zin)			-		
New Well	- <del></del>	n Transport	erof:								
Recompletion	Oil L	Dry Gas									
Change in Operator	Casinghead Gas	Condens	ite 📋								
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIFACE		P 20	20	12/1/8	.7					
Lease Name		Pool Nar	ne Includi	og Formation	12/1/8	/   Kind	of Lense Cit	. 1	ease No.		
•	2	lΛ		•	ulles.	State,	of LeaseSta Federal or Fe	te 1	East No.		
Elk State Location		Lynnix	rial		arryw.	1º00					
	220	_ '_		South -	00/	<b>^</b>		7.7 1.			
Unit Letter	: 330	_ Feet From	n the	South Line	e and99(	<u> </u>	et From The	West	Line		
Section 16 Township	235	Range	37E	. NI	MPM, ⊺	ea			County		
1(1 10 10 10 10 10 10 10 10 10 10 10 10 10		11-11-11	.1115		1111,	теа			County		
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil	X or Conde			Address (Giv	e address to wh				eni)		
Shell-Pipeline			<del></del>	P. O. I	30x 3105	, Houstô	ouston, Texas 77001				
Name of Authorized Transporter of Casing	ghead Gas	or Dry G	as	Address (Giv	e address to wh	ich approved	copy of this )	form is to be s	ent)		
E <del>l Paso Natural Gas</del>				<del> </del>	Box 1492,	<del></del>		as .79978			
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Twp.		is gas actually	y connected?	When	?				
,	M   16		37E	Yes		l					
f this production is commingled with that i	rom any other lease or	pool, give	commingl	ing order numb	xer:				<del></del>		
V. COMPLETION DATA	loans	, , ,	- 11/-11	J. Ne W. 10	377	1 5	n. r	le s	h:mm :		
Designate Type of Completion	Oil Wel - (X)	ı j Ga	s Well	I New Well	Workover	Deepen 	Plug Back 	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to	o Prod.		Total Depth	<u> </u>	L	P.B.T.D.	<u> </u>	12:		
4/18/89	4/27/89			6160			6128				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation		Top Oil/Gas I	Pay	<del></del>	Tubing Dep	vh			
3311.8 GR	Tubb			6041	•		6000	,ui			
Perforations	1 1400			0012	- <del></del>		Depth Casin	ng Shoe			
6041-50', 6088-94', 6	107-09'						6160'				
		. CASIN	G AND	CEMENTI	NG RECOR	D		****	<del> </del>		
HOLE SIZE	CASING & T				DEPTH SET		SACKS CEMENT				
12-3/4"	9-5/8"		***************************************	10	035'		400				
8-3/4"	5-1/2"				160'		53	30			
	2-3/8"			58	378 <b>'</b>						
V. TEST DATA AND REQUES											
	ecovery of total volume	of load oil	and must		·		<u></u>	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu			teete :	are from		
Completion attempt to		rmatio	ı unsu			ICLION I					
Length of Test	Tubing Pressure			Casing Pressu	re		Choke Size	existii	ng Blineb		
Asset Bad During Test				Water - Bbls.			Gas- MCF	perfor	ations		
Actual Prod. During Test	Oil - Bbls.			Water - Bolg			Cas- IVICE				
				l		<del></del>	!				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of (	Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)		Casing Pressu	re (Shut-in)		Choke Size				
							<u> </u>				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIAN	CE	_	NI 001	IOEDY	ATION	ם איניים	NI.		
I hereby certify that the rules and regula				11	JIL CON	ISEKV,	ATION	<b>KINY</b>	אוע		
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION SEP 1 9 1989						
is true and complete to the best of my k	nowledge and belief.			Date	Approve	d					
111, +41	11. 6 /	,	)		L La						
Mark D. Miller					ORIGII	NAL SIGNE	D BY IED	RY SEXTON	•		
Signature Signature						DISTRICT	I SUPERVI	<u>* 1. 36% TON</u> SOD			
Marty B. McClanahan Printed Name	Sr. Pro	od Ana Tide	ııyst				· OUTERVI	JUK			
6/13/89	713-2	237-080	0	Title							
Date	Tel	ephone No.									
			-	<u>,</u>							

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