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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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>MARK L. SHIDLER, INC.</b>		Well API No. <b>3002522697</b>
Address <b>911 WALKER, SUITE 565, HOUSTON, TEXAS 77002</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <b>AMERICAN EXPLORATION CO.</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>ELK STATE</b>	Well No. <b>2</b>	Pool Name, including Formation <b>TEAGUE (BLINEBRY)</b>	Kind of Lease (State) Federal or Fee	Lease No.
Location Unit Letter <b>L</b> : <b>1650</b> Feet From The <b>SO</b> Line and <b>990</b> Feet From The <b>WEST</b> Line Section <b>16</b> Township <b>23S</b> Range <b>37E</b> , NMPM, <b>LEA</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>SHELL PIPELINE CORP.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1910, MIDLAND, TX 79702</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>STD RICHARDSON CARRON &amp; GASOLINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>201 MAIN. FT. WORTH, TX 76102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>   Sec. <b>16</b>   Twp. <b>23S</b>   Rng. <b>37E</b>	Is gas actually connected? <b>YES</b> When ?

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dif 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 <b>BLINEBRY</b>		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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 <b>10/15/91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PMP</b>	
Length of Test <b>24 HRS</b>	Tubing Pressure <b>50</b>	Casing Pressure <b>0</b>	Choke Size <b>OPEN</b>
Actual Prod. During Test <b>5BP</b>	Oil - Bbls. <b>4</b>	Bbls. <b>1</b>	Gas - MCF <b>14</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	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  
**MARK L. SHIDLER**  
Printed Name  
**PRESIDENT**  
Title  
**(713) 222-9291**  
Telephone No.  
Date  
**10/1/92**

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with

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) Only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.