

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator American Exploration Company

Address 2100 RepublicBank Center, Houston, Texas 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinhead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Kirby Exploration Company of Texas, P. O. Box 1745, Houston, Tex. 77251

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Elk State</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Teague Blinbry</u>	Kind of Lease State, Federal or Fee	State <u>State</u>	Lease No.
Location					
Unit Letter <u>L</u>	<u>1650</u>	Feet From The <u>South</u>	Line and <u>990</u>	Feet From The <u>West</u>	
Line of Section <u>16</u>	Township <u>23S</u>	Range <u>37E</u>	, N.M.P.M., <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Oil Company Pipeline</u>	<u>P. O. Box 1910, Midland, Texas</u>
Name of Authorized Transporter of Castinhead 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)
<u>El Paso Natural Gas</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	<u>M 16 23S 37E Yes</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Roy Quiroga  
(Signature) Roy Quiroga  
Production Administrator  
(Title)  
May 1, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DIRECTOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.