

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 <u>American Exploration Company</u>	
Address <u>4500 Republic Bank Center Houston, TX 77002</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Reconpletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner UTP 13 Wilco Bldg., Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Alston</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Lanlie Mattix-SR-Qu-GB</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No.
Location				
Unit Letter <u>DA</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West East</u>				
Line of Section <u>27-26</u> Township <u>25E</u> Range <u>37E</u> , NMPM, <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"/> <u>Shell Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Bx 1492 El Paso, Texas 79910</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>26</u>
	Twp. <u>25E</u>	Rge. <u>37E</u>
Is gas actually connected?		When <u>Unknown</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 Roy Quiroga
(Signature)
Production Administrator
(Title)
2/1/87 Effective
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 17 1987, 19
BY Paul Kautz
Geologist
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.

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JUN 13 1987
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