Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Departm....

Form C-104 Revised 1-1-89 See Inst

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. American Exploration Company -025-22 Address Lamar St., Suite 900; Houston, Texas 77010-3088 Reason(s) for Filing (Check proper box) Other (Please explain) New Well nge in Transporter of Recompletion Dry Gas Oil Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Kind of Lease Lease No. <u>El Paso Federal</u> State, Federal or Fee Justis Blinebry Location Federal Unit Letter \_ 660 Feet From The South Line and 1980 Feet From The East Section 23 Township 25S Range 37E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate 区 lock erman Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) X. or Dry Gas Sid Richardson Carbon & Gasoline Co. 201 Main St. Fort Worth, Texas 76102 If well produces oil or liquids, give location of tanks. Unit Sec. Twp Rge. is gas actually connected? When? 23 25S 37E If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA 5:0 FIGGARDSON GASOLINE CO. - Eff. 3/1/93 Oil Well New Well Workover Gas Well Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and m. ist 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 Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Rhie Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. 13 1991 Date Approved \_ Mu ORIGINAL SEGNED BY JERRY SEXTON Signature By\_ DISTRICT I SUPERVISOR Printed Name Title Michael Auth Title\_ Operations Analyst Date Telephone No. PAR BERRY (713) 756-6000

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.
- 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.

RECEIVED

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