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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 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Arch Petroleum, Inc.	
Address 777 Taylor, Suite IIA, Fort Worth, TX 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input 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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas <i>State</i>	Well No. 2	Pool Name, including Formation Artesia-Qn, Gb, SA	Kind of Lease State, Federal or Fee State	Lease No. E-8180
Location Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>north</u> Line and <u>330</u> Feet From The <u>east</u> Line of Section <u>9</u> Township <u>18s</u> Range <u>28e</u> , NMPM, <u>Eddy</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"/> <i>Navajo Refining Co.</i>	Address (Give address to which approved copy of this form is to be sent) 501 E. Main, P.O. Drawer 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 18s	Rge. 28e
Is gas actually connected?		When <i>Post ID-2 10-11-85 Comp + BK</i>		

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.

*Scott Niles*  
(Signature)  
Geologist  
(Title)  
10-2-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 8 1985, 19\_\_\_\_

BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-27-85	Date Compl. Ready to Prod. 9-18-85		Total Depth 2560			P.B.T.D. 2493			
Elevations (DF, RKB, RT, GR, etc.) 3643 GL	Name of Producing Formation Grayburg-Premier		Top Oil/Gas Pay 2318			Tubing Depth 2400			
Perforations 1 spf 4 1/2" casing gun, 2432-36, 23-26, 08-13, 2380-86, 23-25, 2318-20						Depth Casing Shoe 2493			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		337		220			
7 7/8"		5 1/2"		2493		500			
		2 3/8		2460					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 9-18-85	Date of Test 10-1-85	Producing Method (Flow, pump, gas lift, etc.) Pump 1 1/2" insert		
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -	
Actual Prod. During Test 60 bbls. fluid	Oil-Bbls. 31	Water-Bbls. 29	Gas-MCF tstm	

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