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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

RECEIVED
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

CISF
GT
UP

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAR 09 '89

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

I.

Operator ARCH PETROLEUM INC. ✓		Well API No.
Address Suite II-A, 777 Taylor Street, Fort Worth, Texas 76102		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
Oil Conservation Division Request <input type="checkbox"/>		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Humble-Thomas State	Well No. 2	Pool Name, Including Formation Artesia-QN, GB, SA	Kind of Lease State, Federal or Fee	Lease No. B-11539
Location				
Unit Letter	B	: 990 Feet From The	North Line and	1650 Feet From The East Line
Section	9	Township	18S	Range 28E, NMPM, Eddy 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)
Navajo Refining Company	501 E. Main, P.O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead 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)
Phillips 66 Natural Gas Company	430 HS&L Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	B 9 18S 28E yes March 1986

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 <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded 9/2/85	Date Compl. Ready to Prod. 9/18/85	Total Depth 2473			P.B.T.D. 2467			
Elevations (DF, RKB, RT, GR, etc.) 3645 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2304		Tubing Depth 2400			
Perforations 2304-2427					Depth Casing Shoe 2467			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASINGS & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		384'		200			
7 7/8	4 1/2		2467		300H, 200C			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 9/18/85	Date of Test 10/1/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 56 Bbls fluid	Oil - Bbls. 29	Water - Bbls. 27	Gas - MCF 5

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing 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.

Jim B. Paschall
Signature
Jim B. Paschall, Vice President, Operations
Printed Name Title
3/7/89 817/ 332-9209
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 13 1989
By Original Signed By
Mike Williams
Title _____

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.
- 2) 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.