

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address ARCH PETROLEUM INC. 10 DESTA DRIVE, STE. 420E, MIDLAND TX 79705		² OGRID Number 000962	
⁴ API Number 30 - 025-33252		³ Reason for Filing Code NW	
⁵ Pool Name TEAGUE BLINEBRY		⁶ Pool Code 58300	
⁷ Property Code 014898		⁸ Property Name C. E. LAMUNYON	
		⁹ Well Number 54	

II. ¹⁰ Surface Location

UI or Lot. No. D	Section 22	Township 23S	Range 37E	Lot Idn.	Feet from the 1300'	North/South Line NORTH	Feet from the 660'	East/West Line WEST	County LEA
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¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 2-25-96	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
007440	EOTT ENERGY PIPELINE LTD. PARTNERSHIP, P. O. BOX 1660 MIDLAND, TX 79702	709610	O	
020809	SID RICHARDSON CARBON 201 MAIN ST., FORT WORTH, TX 76102	709630	G	

IV. Produced Water

²³ POD 709650	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 2-4-96	²⁶ Ready Date 2-22-96	²⁷ TD 6005'	²⁸ PBSD 5953'	²⁹ Perforations 5419'-5847'
³⁰ Hole Size 12 1/4"	³¹ Casing & Tubing Size 8 5/8"	³² Depth Set 1068'	³³ Sacks Cement 600 SXS, CIRC. 85 SXS.	
7 7/8"	5 1/2"	6005'	1250 SXS, CIRC. 150 SXS.	
	2 3/8"	5249'		

VI. Well Test Data

³⁴ Date New Oil 2-23-96	³⁵ Gas Delivery Date 2-24-96	³⁶ Test Date 3-5-96	³⁷ Test Length 24 HRS.	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil 56	⁴² Water 118	⁴³ Gas 181	⁴⁴ AOF	⁴⁵ Test Method P

I hereby certify that the rules 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.

Signature: *Bobbie Brooks*

Printed Name:
BOBBIE BROOKS

Title:
PRODUCTION ANALYST

Date:
3-6-96

Phone:
915-685-1961

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Approved by:

Title:

Approved Date:
MAR 08 1996

⁴⁶ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

13062.DOC.tmdr

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:

RT Request for test allowable (include volume requested)
CG Change gas transporter
AG Add gas transporter
CO Change oil/condensate transporter
AO Add oil/condensate transporter
CH Change of Operator
RC Recompletion
NW New Well

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OGD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
P Fee
J UICARILLA
N NAVEJO
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

P Pumping or other artificial lift
F Flowing

MO/DA/YR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which this product or recompletion and this transporter. If this is a new well will be transported by this transporter. If this is the district office will assign a number and write it here.

Product code from the following table:

O Oil
G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

33. Number of sacks of cement used per casing string

34. The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

35. MO/DA/YR that new oil was first produced

36. MO/DA/YR that gas was first produced into a pipeline

37. Length in hours of the test

38. Flowing tubing pressure - oil wells

39. Shut-in tubing pressure - gas wells

40. Flowing casing pressure - oil wells

41. Shut-in casing pressure - gas wells

42. Diameter of the choke used in the test

43. Barrels of oil produced during the test

44. Barrels of water produced during the test

45. MCF of gas produced during the test

46. Gas well calculated absolute open flow in MCF/D

47. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

48. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

49. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person