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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

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

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

I.

Operator Arch Petroleum Inc.	Well API No. 30 - 025-06774
Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102	
Reason (s) for Filing (check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE APRIL 1, 1994	
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator **Chevron U.S.A., Inc., P. O. Box 1150, Midland, TX 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nancy Stephens	Well No. 1	Pool Name, Including Formation Tubb Oil 60240	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 0660 Feet From The North Line and 660 Feet From The West Line Section 24 Township 21S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5568 T.A., Denver, CO 80217
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco E&P	Address (Give address to which approved copy of this form is to be sent) P. O. Box 730, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? Yes Unknown

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	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
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		
Peforations						Depth Casin; g		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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 - Bbls.	Gas - MCF

GAS WELL

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

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. <u>Rick Vanderslice</u> Signature Rick Vanderslice Oper. Mgr. Printed Name Title 3/31/94 (915)685-1961 Date Telephone No.	OIL CONSERVATION DIVISION APR 04 1994 Date Approved _____ By <u>Paul Kautz</u> Title <u>Geologist</u>
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- 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.