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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

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Arch Petroleum Inc.		Well API No. 30-025-30773
Address 10 Desta Drive, Suite 420 East, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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 type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "D" Federal	Well No. 6	Pool Name, Including Formation Teague Devonian	Kind of Lease State, (Federal) or Fee	Lease No. LC-064118
Location				
Unit Letter <u>I</u> : <u>330</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u> Line				
Section <u>34</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, Lea 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5568, Denver, CO 80217					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 23S	Rga. 37E	Is gas actually connected? Yes	When? 3-22-90
If this production is commingled with that from any other lease or pool, give commingling order number:					PC 764	

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 1-27-90	Date Compl. Ready to Prod. 3-22-90		Total Depth 7600		P.B.T.D. 7577-7383 RBP			
Elevations (DF, RKB, RT, GR, etc.) 3256 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 7324'		Tubing Depth 7196			
Perforations 7324-7395' (Devonian)					Depth Casing Shoe 7600			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1175		750 sx circ.			
7 7/8	4 1/2		7600		845 & 1300 sx			
7 7/8	4 1/2" DV Tool		4528					
4 1/2	2 3/8		7196					

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 2-22-90	Date of Test 3-22-90	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 10 hours	Tubing Pressure 0	Casing Pressure 175	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 35	Water - Bbls. 20	Gas- MCF 35

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.



Signature
David Miller, Operations Manager

Printed Name
March 30, 1990 (915) 685-1961

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 12 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.