

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. ATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-064118
2. NAME OF OPERATOR Arch Petroleum Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 10 Desta Dr., Suite 420 East, Midland, Texas 79705		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit 1, 330 FEL & 2310 FSL, Section 34, T-23-S, R-37E		8. FARM OR LEASE NAME E.C. Hill "D" Federal
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3256GR		10. FIELD AND POOL, OR WILDCAT Teague Devonian
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T-23-S, R-37-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 2-16-90: Drilled cement and DV tool. Pressure test casing to 1000#. TD at 7577'.
2-17-90: Ran GR/CCL log. Perforated 2 JSPF at 7324 - 26; 7354, 7372 - 77, 7380, 7386, 7389 - 93, 7395 (36 holes) Devonian formation. Swab to test tank.
2-20-90: Acidize with 4000 gals 20% NeFe acid + 8000 gals 20% gelled NeFe acid with 25 ball sealers in stages. ISIP: 2000#. 15 SIP: 1360#. Swab to test tank.
2-22-90: Swab/flow to test tank. Recovered all load +40 BO.
2-23-90: Swab. Recovered 36.7 BO + 67 BW. Last 4 hrs swab at rate of 10.3 BO + 4.5 BW per hr. Shut in for pressure build up.
2-26-90: Run BHP. Surface TP - 792#; BHP - 1583# at 7360'. FL at 5198'. No water. Set CIBP at 7290' with 1 sx sand on top (temporary abandonment of Devonian zone). Perforate Abo zone with 1 JSPF at 6518', 6534 - 36', 6539-42, 6544, 6546-49, 6551 - 54 6560 - 71, 6573, 6581, 6583 - 92 (41 holes). Swab well to test tank.
2-27-90 Acidize Abo perms with 6000 gals 15% NeFe + clay stabilizer dropping 60 ball sealers. ISIP: 1500#. 15 SIP: 900#. Swab/flow to test tank.

ACCEPTED FOR RECORD

Adm

MAR 6 1990

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Operations Manager

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Arch Petroleum Inc.		Well API No. 30-025-30773
Address 10 Desta Dr., Suite 420 East, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Request to transport 100 bbls of test oil for March, 1990.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 I : 330 Feet From The East Line and 2310 Feet From The South Line Section 34 Township 23-S Range 37-E, 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 Colorado 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, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34
	Twp. 23-S	Rge. 37-E
	Is gas actually connected? No	
	When ?	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-27-90	Date Compl. Ready to Prod.		Total Depth 7600		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3256 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 7324		Tubing Depth			
Perforations 7324-7395 (36 holes)					Depth Casing Shoe			

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

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 2-24-90	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 4 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 41	Water - Bbls. 18	Gas- MCF 49.6

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
2-28-90
Date
915-685-1961
Telephone No.

OIL CONSERVATION DIVISION

MAR 02 1990

Date Approved
By Eddie W. Seay
Oil & Gas Inspector
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.

RECEIVED

MAR 1 1990

OCD
HOBBS OFFICE