

District I
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

District RC
PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Instruction on back
Submit to Appropriate District Office
5 Copies

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

AMENDED REPORT

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
		³ Reason for Filing Code CHANGE OF POD EFFECTIVE 4-1-96
⁴ API Number 30-025-22402	⁵ Pool Name <i>Paddock</i> TEAGUE/BLINEBRY	⁶ Pool Code 58300
⁷ Property Code 014898	⁸ Property Name C. E. LAMUNYON	⁹ Well Number 23

II. ¹⁰ Surface Location

Ul or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
B	28	23S	37E		660	NORTH	1980	EAST	LEA

¹¹ Bottom Hole Location

Ul 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 1/92	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 37480	EOTT ENERGY PIPELINE LTD. PARTNERSHIP, P. O. BOX 1660 MIDLAND, TX 79702	709610	O	
020809	SID RICHARDSON 201 MAIN ST. FORT WORTH, TX 76102	709730 6	G	

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
709650	

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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: **APRIL 16, 1996** Phone: **915-685-1961**

OIL CONSERVATION DIVISION

Approved by: **ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

Title:

Approved Date: **APR 19 1996**

⁴⁷ 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

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

22. The USTR location of the 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 USTR 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. M/D/A/R drilling commenced
26. M/D/A/R 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
- 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.
34. M/D/A/R that new oil was first produced
35. M/D/A/R that gas was first produced into a pipeline
36. M/D/A/R that the following test was completed
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
- The method used to test the well:
 - F Flowing
 - P Pumping
 - S Swabbing
 - I If other method please write it in.
47. The signature, printed name, and title of the person authorized to make this report, the date this report was about this report.
- 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
1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:
 - NW New Well
 - RC Recompletion
 - CH Change of Operator
 - AO Add oil/condensate transporter
 - CO Change oil/condensate transporter
 - AG Add gas transporter
 - CG Change gas transporter
 - RT Request for test allowable (include volume requested)
- If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. 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 OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
 - F Federal
 - S State
 - P Fee
 - U Navajo
 - N Ute Mountain Ute
 - I Other Indian Tribe
13. The producing method code from the following table:
 - P Pumping or other artificial lift
 - F Flowing
14. M/D/A/R that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. M/D/A/R of the C-129 approval for this completion
17. M/D/A/R of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:
 - G Gas
 - O Oil