

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 II
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
⁴ API Number 30 - 025-33228	⁵ Pool Name TEAGUE BLINEBRY	³ Reason for Filing Code RT- 3103 EFFECTIVE 2-1-96
⁷ Property Code 14926	⁸ Property Name SALTMOUNT	⁶ Pool Code 58300
		⁹ Well Number 3

II. ¹⁰ Surface Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
P	21	23S	37E		990	SOUTH	1300	EAST	LEA

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
P									
¹² Lse Code P	¹³ Producing Code F	Method	¹⁴ Gas Connection Date	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
0007440	EOTT ENERGY PIPELINE LIMITED PARTNERSHIP P. O. BOX 1660, MIDLAND, TX 79702	711310	O	
020809	SID RICHARDSON CARBON 201 MAIN ST., STE. 2300, FT. WORTH, TX 76102	711330	G	

IV. Produced Water

²³ POD 711350	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTB	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: 2/1/96

Phone: 915-685-1961

OIL CONSERVATION DIVISION

ORIGINAL SIGNATURE OF BOBBIE BROOKS
Approved by: DISTRICT SUPERVISOR

Title:

Approved Date: FEB 05 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

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 this 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. MODOA/R drilling commenced
26. MODOA/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. MODOA/R that new oil was first produced
35. MODOA/R that gas was first produced into a pipeline
36. MODOA/R that the following test was completed
37. Length in hours of the test
38. Shut-in tubing pressure - oil wells
39. Shut-in casing pressure - oil wells
40. Diameter of the choke used in the test
41. Barrels of oil produced during the test
42. Barrels of water produced during the test
43. MCF of gas produced during the test
44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
- Flowing
Pumping
Swabbing
S
Pumping
P
Flowing
F
45. Lease code from the following table:
- Federal
State
P
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe
I
46. The producing method code from the following table:
- Flowing
Pumping or other artificial lift
P
14. MODOA/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. MODOA/R of the C-129 approval for this completion
17. MODOA/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:
- O
Oil
G
Gas
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:
- Federal
State
P
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe
I
13. The producing method code from the following table:
- Flowing
Pumping or other artificial lift
P
47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
14. MODOA/R of the C-129 approval for this completion
15. MODOA/R of the expiration of C-129 approval for this completion
16. MODOA/R of the C-129 approval for this completion
17. MODOA/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
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