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

State of New Mexico Energy, Minerals and Natural Resources Department Revised 1-1-89 See Instructions at Bottom of Page

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

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

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION 见 7'89 TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. _ C_ D. Arch Petroleum Inc. 🗸 ASKIESIA, OFFICE Address Suite IIA, 777 Taylor Street, Fort Worth, Texas, 76102 Reason(s) for Filing (Check proper box) XOther (Please explain) New Well Change in Transporter of: Change tank location. Dr. Gas Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Lease No. Resler Yeates State 6 Artesia QN GB State Federal or Fee 647 Location Feet From The WST Line and 1060 Feet From The NMTH Unit Letter Township 18S 32 28E Eddy **NMPM** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Navajo Refining Co. Artesia, NM Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, Unit Twp. | Rge. | 185 | 28E S∞ Is gas actually connected? When ? give location of tanks. 32 G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Deepen Plug Back | Same Res'v Diff Resy 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 Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE 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 - Rhis Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 2 1 1989 is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNED BY Signature Jim B. Paschall VP OPS. MIKE WILLIAMS SUPER INC. R. DISTRICT IS Printed Name

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

12-5-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 332 9209

Telephone No

- 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.