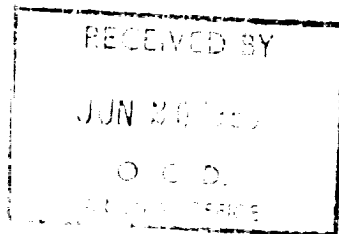


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input type="checkbox"/>            |



OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Arch Petroleum Inc. ✓

Address  
Suite II-A, 777 Taylor St., Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

|   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | Other (Please explain)              |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil            | <input type="checkbox"/> Dry Gas    |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner Sparkman Producing Company

II. DESCRIPTION OF WELL AND LEASE

|  |                |   |  |                  |
|--|----------------|---|--|------------------|
| Lease Name<br>Resler Yates State   | Well No.<br>20 | Pool Name, Including Formation<br>Artesia-Queen GSA Field | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>647 |
| Location<br>Unit Letter A : - Feet From The - Line and - Feet From The - |                |   |  |                  |
| Line of Section 32 Township 18S Range 28E, NMPM, Eddy 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"/><br>Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent)<br>North Freeman Avenue, Artesia, New Mexico 88210 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                               | Address (Give address to which approved copy of this form is to be sent)  |
| If well produces oil or liquids, give location of tanks.<br>Unit N Sec. 21 Twp. 18S Rge. 28E  | Is gas actually connected? No When<br>Post ID-2<br>8-13-85<br>Chg op  |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*[Signature]*  
(Signature)  
*[Signature]*  
(Title)  
6-12-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED AUG 19 1985  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
TITLE GEOLOGIST - NMCD

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

