

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

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-88
See Instructions
at Bottom of Page

MAR - 5 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator Arch Petroleum Inc. ✓		Well API No.
Address 777 Taylor Street Suite II-A Fort Worth, Texas 76102		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Converted from water injection to oil producer 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 Resler Yates	Well No. 341	Pool Name, Including Formation QN, GB, SA	Kind of Lease State, Federal or Fee	Lease No. 647
Location Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West Line Section 29 Township 18 Range 28, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Artesia, NM					
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.	Unit N	Sec. 21	Twp. 18	Rge. 28	Is gas actually connected? NO	When ?

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

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 2-18-60	Date Compl. Ready to Prod. 3-3-60	Total Depth 2010		P.B.T.D. 1996					
Elevations (DF, RKB, RT, GR, etc.) 3546 GR	Name of Producing Formation GB	Top Oil/Gas Pay 1962		Tubing Depth 1759					
Perforations 1964-1978					Depth Casing Shoe 1999.31				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 9 5/8"	CASING & TUBING SIZE 7"		DEPTH SET 518.78		SACKS CEMENT 200				
6 1/4"	4 1/2"		1999.31		100				
Post ID-3 3-16-90 conver. from LTLW to Prod.									

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 2/26/90	Date of Test 2/27/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size OPEN
Actual Prod. During Test	Oil - Bbls. 1.0	Water - Bbls. 48	Gas - MCF TSTM

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
Jim B. Paschall
Printed Name
Date 2/28/90
Telephone No. 817-332-9209
V.P. Operations
Title

OIL CONSERVATION DIVISION

Date Approved MAR 6 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I

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.