

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OFFICE
P.O. Box
Hobbs, NM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well
 Gas Well
 Other

2. Name of Operator

Arch Petroleum Inc.

3. Address and Telephone No.

300 N. Marienfeld, Suite 600 Midland, Texas 79701 (915) 685-8100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit H, Section 21, T23S, R37E
2150' FNL and 550' FEL

5. Lease Designation and Serial No.
NMLC030187

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

C. E. Lamunyon #49

9. API Well No.

30-025-26177

10. Field and Pool, or Exploratory Area

Teague Paddock Blinbery

11. County or Parish, State

Lea Co., New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

It is proposed to:

- 1) Set CIBP @ 5940'. Cap with 2 sx cement.
- 2) Perforate 5168-5192' w/2JSPF.
- 3) TIH w/packer & test CIBP to 3000#.
- 4) Acidize perms w/1000 gallons 15% Acid.
- 5) Swab test to evaluate.
- 6) Frac perforations.
- 7) Reverse out and swab.
- 8) Put well back on production.

14. I hereby certify that the foregoing is true and correct

Signed Robert S. McCaskey Title Production Tech. Date 06/02/99

(This space for Federal or State office use)

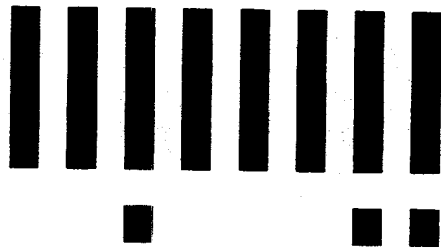
Approved by CHRIS WILLIAM Title DISTRICT SUPERVISOR
Conditions of approval, if any:

JUN 07 1999

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RECEIVED
JUN 9 1998
6661 G NDI
W N T T E M P E R E



LTR



Job separation sheet

OIL CONSERVATION DIVISION
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 30-025-26177	⁵ Pool Name IMPERIAL TUBB DRINKARD	³ Reason for Filing Code CHANGE OF POD EFFECTIVE 4-1-96
⁷ Property Code 014898	⁸ Property Name C. E. LAMUNYON	⁶ Pool Code 33600
		⁹ Well Number 49

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
H	21	23S	37E		2150	NORTH	550	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
¹² Lse Code F	¹³ Producing Code P	Method	¹⁴ Gas Date 1/92	Connection	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 3748	EOTT ENERGY PIPELINE PARTNERSHIP, P. O. BOX 1660 MIDLAND, TX 79702	709610	O	
020809	SID RICHARDSON 201 MAIN ST. FORT WORTH, TX 76102	709730	G	

IV. Produced Water

²³ POD 709650	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	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**

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

APR 1996

Report all gas volumes at 15.025 PSIA at 60°.

Report all oil volumes at the nearest whole barrel.

A request for approval for a newly drilled or deepened well must be accompanied by a minimum of three deviation tests conducted in accordance with Rule 117.

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

Fill out only sections I, II, III, IV, and the operator certifications for change of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operator unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

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.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

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.

The bottom hole location of this completion

Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe

The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

MO/DAYR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DAYR of the C-129 approval for this completion

MO/DAYR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

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.

Product code from the following table:

O	Oil
G	Gas

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 from this property, the district office will assign a number and write it here.

24. The ULSTR location of this POD. 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. MO/DAYR drilling commenced

26. MO/DAYR 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. MO/DAYR that new oil was first produced

35. MO/DAYR that gas was first produced into a pipeline

36. MO/DAYR 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

47. The method used to test the well:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.

The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions 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