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

Energy, Minerals and Natural Resources Departmer'

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.							· · · · · · · · · · · · · · · · · · ·	lu	Vell API No.		
Operator Arch Petroleum Inc.						30 - 025-03389					
Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102 Reason (s) for Filling (check proper hor) Other (Please explain)											
Responds to 1 ming (check proper sour)											
New Well Recompletion	Oil Dry Gas								1, 1777		
Change in Operator X	Casinghead Gas Condensate										
If change of operator give name and address of previous operator Chevron U.S.A., Inc., P. O. Box 1150, Midland, TX 79702											
II. DESCRIPTION OF WELL AND LEASE Well No.! Pool Name, Including Formation Kind of Lease Lease No.											
Lease Name		ame, Incl	uding Formation				tind of Lease tate, Federal or Fee	Lease No.			
L. W. White (NCT-B) Tr B Location		2	E	umont	22800				,		
Unit Lette:D	:	0660	Feet Fro	m The	North	Line	and	990	Feet From The	West Line	
Section 01 Township	218	Range	3.	5E		, <u>NM</u>	PM,	I	<u>ea</u>	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
ame of Authorized Transporter of Oil or Condensate						ss (Give	address to v	which app	proved copy of this fo	orm is to be sent)	
Shell Pipeline Cor P. O. Box 2648, Houston, TX 77											
Name of Authorized Transporter of Casingh Phillips 66 Nat Gas Co GM GA	nead Gas or Dy Gas Give address to which approved copy of this form is 4001 Penbrook, Odessa, TX 7976										
If well produces oil or liquids,	Unit		Twp.	Rge.	Is gas a	ctually conne		When?			
give location of tanks.						Yes			Unknown		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA							Dage	Dine	k Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas	well N	lew Well	Workover	Deepen	Plugbac	Same Kes V	DIII VSS A	
Date Spudded					otal Depth		P. B. T.	P. B. T. D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing	Tubing Depth		
Peforations						D			Depth Casin; g		
				AND CE		G RECORD		·		P. C. Im	
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		-	SACKS CEMENT		
								 			
V. TEST DATA AND REQUES	T FOR ALI	LOWABI	LE		-						
OIL WELL (Test must be after r	recovery of total	volume of le	oad oil a	ind must l	be equal to	or exceed to				hours)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke S	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF			
GAS WELL								10			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					Date Approved				APR 13 1994		
is true and complete to the best of my knowledge and belief. Rule Vanderslice					_						
					Title Geologist						
Signature Rick Vanderslice Oper. Mgr.					Title	·		Paul Geo	kautz log ist		
Printed Name Title (915)685-1961								war.			
3/31/94 (915)685-1961											

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
- 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.