State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-80 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P. O. Box 2088

DISTRICT II P. O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Arch Petroleum Inc.								1	Vell API No. 30 - 025-09307			
Address									30 - 025-09307			
777 Taylor St., Penthouse II-A,	Ft. Worth	Club Tov	ver, Ft. W	orth, T		6102						
Reason (s) for Filling (check proper box)						X Other (Please explain)						
New Well Recompletion	Change in Transporter of: on Oil Dry Gas					EFFECTIVE APRIL 1, 1994						
Change in Operator X	Casinghead Ga	as		ensate	-							
If change of operator give name and address of previous operator	Chevron U			· · · · ·	 0.Mia	dland. TX	79702					
II. DESCRIPTION OF WELL A			<u>, 1 . O. L</u>	0X 113	<u> </u>	iiaiu, 12	17702					
Lease Name	Well No. Pool Name, Including Formation							k	Kind of Lease No.			
J. F. Janda (NCT-H)		3	Toly	nat Gas		792	<i>:1</i> 0	S	State, Federal or Fee			
Location (NC 1-11)		13	Jain	iai Gas	1	110	70					
_												
Unit LetterJ	:	1980	Feet From T	he <u>S</u>	outh	Line	and	1980	Feet From T	he <u>East</u> Line	;	
Section 11 Township	23S	Range	36E			, NM	PM,	I	<u></u>	County	_	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil		or Conder	nsate	j	Addres	ss (Give	address to	which app	proved copy of thi.	s form is to be sent)		
Name of Authorized Transporter of Casingle	nead Gas	l or D	v Gae		Addres	ss (Give	addrage to	which an	around none of thi	s form is to be sent)		
Sid Richardson Carbon		50809) Cas		Addies	55 (0116				Worth, TX 761		
If well produces oil or liquids,	Unit	Sec.		ge. Is	gas a	ctually conne	ected ?	When?		• •		
give location of tanks.				ļ	,	Yes			Unknown			
If this production is commingled with that f	rom any other le	ase or pool	give comm	ngling or			**	1	CHRHOWH			
IV. COMPLETION DATA		F	, 6	68								
		Oil Well	Gas Wel	New '	Well	Workover	Deepen	Plugbac	k Same Res'v	Diff Res'v		
Designate Type of Completion		1 . 7	<u>, </u>	70.1				D D T				
Date Spudded Date Compl. Ready to Prod.					Total Depth				P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top (Top Oil/Gas Pay				Tubing Depth			
Peforations								Depth C	asin; g			
	T	UBING, CA	ASING ANI	CEMEN	NTING	RECORD						
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
				+								
							_	J				
V. TEST DATA AND REQUES												
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	volume of to	oad oil and n			or exceed to Nethod	o allowable (Flow, pum			24 hours)		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF				
GAS WELL	· · · · · · · · · · · · · · · · · · ·											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity	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 regulat	ions of the Oil (Conservation	n			OII	L CONS	SERV	ATION DIV	ISION		
Division have been complied with and the						.						
is true and complete to the best of my knowledge and belief.					Date Approved APR 0 5 1994							
Rick Vanduslice					3y							
Signature					ORIGINAL SIGNED BY JERRY SEXTON							
Rick Vanderslice	Оре	r. Mgr.		ר	Γitle	- OKI			PERVISOR			
Printed Name	Title	-										

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.

(915)685-1961

Telephone No.

blank

3/31/94

Date