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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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

#### I.

|                                                                                                                                        |                                         |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| Operator<br><b>Arch Petroleum Inc.</b>                                                                                                 |                                         | Well API No.<br><b>30 - 025-10026</b> |
| Address<br><b>777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102</b>                                            |                                         |                                       |
| Reason (s) for Filling (check proper box) <input checked="" type="checkbox"/> Other (Please explain)<br><b>EFFECTIVE APRIL 1, 1994</b> |                                         |                                       |
| New Well <input type="checkbox"/>                                                                                                      | Change in Transporter of:               |                                       |
| Recompletion <input type="checkbox"/>                                                                                                  | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>      |
| Change in Operator <input checked="" type="checkbox"/>                                                                                 | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/>   |

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

|                                                                                                                                                                                                           |                      |                                                             |                                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|----------------------------------------|-----------|
| Lease Name<br><b>W. M. Rinewalt</b>                                                                                                                                                                       | Well No.<br><b>2</b> | Pool Name, Including Formation<br><b>Drinkard Oil 1919C</b> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter <b>E</b> : <b>1874</b> Feet From The <b>North</b> Line and <b>750</b> Feet From The <b>West</b> Line<br>Section <b>04</b> Township <b>22S</b> Range <b>37E</b> , NMPM, Lea County |                      |                                                             |                                        |           |

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                 |                                        |                                                                                                                      |      |      |                                           |                          |
|---------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------|--------------------------|
| Name of Authorized Transporter of Oil<br><b>Shell Pipeline Cor</b>              | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 2648, Houston, TX 77252</b> |      |      |                                           |                          |
| Name of Authorized Transporter of Casinghead Gas<br><b>Warren Petroleum Co.</b> | or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1589, Tulsa, OK 74102</b>   |      |      |                                           |                          |
| If well produces oil or liquids,<br>give location of tanks.                     | Unit                                   | Sec.                                                                                                                 | Twp. | Rge. | Is gas actually connected ?<br><b>Yes</b> | When ?<br><b>Unknown</b> |

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                    | Gas Well | New Well        | Workover | Deepen         | Plugback | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P. B. T. D.    |          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth   |          |            |            |
| Peforations                         |                             |          |                 |          | Depth Casin; g |          |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                |          |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT   |          |            |            |
|                                     |                             |          |                 |          |                |          |            |            |
|                                     |                             |          |                 |          |                |          |            |            |
|                                     |                             |          |                 |          |                |          |            |            |

#### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 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 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Rick Vanderslice  
Signature  
**Rick Vanderslice**  
Printed Name  
3/31/94  
Date  
**Oper. Mgr.**  
Title  
(915)685-1961  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved

**APR 04 1994**

By

Orig. Signed by  
**Paul Kautz**  
Geologist

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.