Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240 State of New Mexico
Energy, Minerals and Natural Resources Departmer

Form C-104
Revised 1-1-80
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.			·····								
Operator Arch Petroleum Inc.					Well API No. 30 - 025-10061						
Address 777 Taylor St., Penthouse II-A,	Ft. Worth (Club Tow	er, Ft.	Wor							
Reason (s) for Filling (check proper box) New Well Change in Transporter of: X Other (Please explain) EFFECTIVE APRIL 1, 1994											
completion Oil Dry Gas											
Change in Operator X If change of operator give name	Casinghead Ga	ıs		ndensa	te 🔲						
and address of previous operator	Chevron U	.S.A., Inc	:., P. O	. Box	1150,Mi	dland, TX	79702				
II. DESCRIPTION OF WELL A	AND LEASE							-	-		
Lease Name	Well No. Pool Name, In-				cluding Fon			Kind of Lease State, Federal or Fee		Lease No.	
Lee Stebbins (NCT-B) Location	3 Tubb G				Gas 86440						
Unit Letter A	_ :	0660	Feet Fror	n The	North	Line	and	460	Feet From The	<u>East</u> Line	
Section 05 Township	22S	Range	37	E		, NM	PM,	Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	· —					Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Cor Name of Authorized Transporter of Casingh						P. O. Box 2648, Houston, TX 77252 Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas	7	<u> 716/20</u>	<u>) </u>	D			2223	Dodge St.,	Omaha, NE	,	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	ctually conn	ected ?	When?			
If this production is commingled with that f	rom any other le	ase or pool.	give com	mingli	ng order nu	Yes mber:		<u>l</u>	Unknown		
IV. COMPLETION DATA		•	B			<u> </u>					
Designate Type of Completion	- (X)	Oil Well	Gas W	/ell	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	ı	1	P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Peforations					i i			Depth Casin; g			
	T	UBING, CA	SING A	ND CF	MENTING	RECORD		<u>L</u>			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
						-					
V. TEST DATA AND REQUES											
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						t be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Test Tuking Descues										
					Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF			
GAS WELL								1			
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					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved APR 0 5 1994						
Rick Vanderslice					Ву						
Signature Rick Vanderslice Oper. Mgr.					ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR						
Rick Vanderslice Oper. Mgr. Printed Name Title					Title		DISTR	ICI I SUPE	W 41901		
3/31/94	(915)685-1961									
Date	Те	lephone No.									

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.