Submit 5 Copies 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 Departmen

## **OIL CONSERVATION DIVISION**

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

1000 Rd Brazos Rd., Azacc, 1414 67410	Т	O TRAN	NSPOR	TOIL	AND N	ATURAL	GAS				
I. Operator					-			- Iw	ell API No.		
Arch Petroleum Inc.								1	30 - 025-10064		
777 Taylor St., Penthouse II-A	, Ft. Worth	Club To	wer. Ft	. Wort	h. TX	76102			- "		
Reason (s) for Filling (check proper box)					<del></del>		n (Please exp	plain)	<del>" </del>		
New Well Change in Transporter of:  Recompletion Oil EFFECTIVE APRIL 1, 1994											
Change in Operator X	Casinghead Ga	as		ny Gas ondensa	te H						
If change of operator give name								<del></del>			
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   Well No.   Pool Name Including Formation   Well No.   W											
Lease Name Well N				Vell No. Pool Name, Including Formation					nd of Lease	Lease No.	
Lee Stebbins (NCT-A)			3 Drinkard Oil 19190						te, Federal or Fee		
Location											
Unit Lette: F	:	1870	Feet Fro	m The	North	Line	and	2092	Feet From The	West Line	
Section 05 Township	<b>22</b> S	Panaa	21	7TC							
County											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
					(Give address to which approved copy of this form is to be sent)						
Shell Pipeline Cor  Name of Authorized Transporter of Casinghead Gas or Dy Gas					P. O. Box 2648, Houston, TX 77252  Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleun Co.	arren Petroleun Co. $\overline{\mathcal{O}}_{i}$						P. O	which approved copy of this form is to be sent) . Box 1589, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	ctually conn	ected?	When?			
						Yes			Unknown		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil Well	Gas V	Vali IN	New Well	Workover	Deepen	I Division also	Ic. D	Digital 1	
Designate Type of Completion	- (X)		Jas v	1	TEW WEII	WOIKOVEI	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			7	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			
Depth Cashi; g											
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					EMENTING RECORD DEPTH SET			SACKS CEMENT		
					DEF III SET			SACKS CEMENT			
	<b>—</b>										
V. TEST DATA AND REQUES OIL WELL (Test must be after re											
Date First New Oil Run To Tank										hours)	
Lucah of Total											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF			
GAS WELL					- · · · · · · · · · · · · · · · · · · ·			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back press.)	ot, back press.) Tubing Pressure (Shut - in)					Code Proceedings			Chala Sin		
Tuoing Tiessure (Sint - III)					Casing Pressure (Shut - in)			Choke Size			
I hereby cortify that the rules and regulati	iona of the Oil C		_			OII	CONS	EDVA:	TION DIVIO	101	
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 Vanderslee					Ву						
Signature					ORIGINAL SIGNED BY JERRY SEXTON						
Rick Vanderslice Oper. Mgr. Printed Name Title					Title DISTRICT I SUPERVISOR						
Printed Name 3/31/94	Title (915)	685-1961									
Date Telephone 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
- 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.