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

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

מוכדפוכד ווו

Recompletion

Change in Operator

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUEST FOR ALLOW	ABLE AND AUTHORIZATIO DIL AND NATURAL GAS	N .
Operator Arch Petro Leu			ell API No.
Address 777 Taylor St	t., Suite II-A,	Fort Worth, TX	76102
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	

Dry Gas

Casinghead Gas Condensate

Oil

If change of operator give name and address of previous operator Carter Production II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State Federal or Fee Lease No. Tubb 032573-A Location

III. DESIGNATION OF TRAN	SPORTEI	COF OI	I. ANN	NATTI	DAT CAC					
Shell Pineline	\boxtimes	or Condens			Address (Giv.	e address to will BOX 19	nich approved	copy of this f	orm is to be se	ni)
Name of Authorized Transporter of Casing Texaco Producer	head Gas		or Dry G	25	Address (Give	e address to whom 30x 30	uch approved	come of this f	arm in to be a	
If well produces oil or liquids, pive location of tanks.			Twp.	Rge.	Is gas actually	connected?	When	2 -	58	102
I this production is commingled with that I V. COMPLETION DATA	rom any othe			comming	ing order numb	xer:	l		بن ح	
Designate Type of Completion -	(X)	Oil Well	G ₂	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to	Prod.	······································	Total Depth		l	P.B.T.D.	L	

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	
•	or trouding to made	Top Circus 12,	Tubing Depth
Perforations		l	
	·		Depth Casing Shoe
	TUBING, CASING AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			OACIG CEMENT
TEST DATA AND REOU	FOT ROD ALLOWADIE		

OIL WELL (lest must be aft	er recovery of total volume of load	oil and must be equal to or exceed top allow	wable 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 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Printed Name Date

OIL CONSERVATION DIVISION

Date Approved _

ORIGINAL SIGNED BY JERRY SEXTON

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.
- 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.

APR 2 6 1989

CHICHEAL NOWED BY JERRY SEKTON DISTRICT I SEPERNSOR

APR 14 to Octo