State of New Mexico

Energy, Minerals and Natural Resources Department

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

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

DISTRICT II

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.												
Operator Arch Petroleum Inc.								4	ell API No.) - 025-12147		_	
Address 777 Taylor St., Penthouse II-A	, Ft. Worth	Club To	wer, F	t. Wo	rth, TX	76102		•			_	
Reason (s) for Filling (check proper box)		_					hei (Please ex	xplain)				
New Well Recompletion	Change in Transporter of: EFFECTIVE APRIL 1, 1994											
Change in Operator X Casinghead Gas Condensate												
If change of operator give name and address of previous operator	Chevron U	LS.A., In	c P.	O. Roz	 1150.M	l haelhi		,			_	
II. DESCRIPTION OF WELL			C.,	U. DUA	1120,111	Iuianu, 1	A /9/04	<u>'</u>		 	_	
Lease Name	Well No. Pool Name, 1				icluding Fo	rmation		- Kin	Kind of Lease No.			
Higgins							19400		te, Federal or Fee	Lease No.		
Location		12		Pauuo	ck South		77W					
Unit Lette:	:	1980	_Feet Fr	rom The	South	ı Lin	ne and	330	Feet From The	East Line		
Section 29 Township	22S	22S Range 38E , NMPM,						Lea	ì	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil		or Conden	nsate		Addr		ve address to	which appro	wed copy of this fo	orm is to be sent)	-	
Texas New Mexico Pipeline		0226		<u> </u>			P. O. Bo	x 2528, Hol	bbs, NM 8824	ıu		
Name of Authorized Transporter of Casingl Warren Petroleun	head Gas	or D	y Gas		Addn	ess (Gi	ive address to	which appro	ved copy of this fo	orm is to be sent)	_	
If well produces oil or liquids,	Unit	Sec. Twp. Rge. Is gas actually connected? When?						sa, OK 74102				
give location of tanks.				1		Yes			¥7 1			
If this production is commingled with that f	rom any other le	ase or pool,	, give co	mmingl	ing order n	mber:		<u> </u>	Unknown		_	
IV. COMPLETION DATA											-	
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	r Deepen	Plugback	Same Res'v	Diff Res'v	-	
Date Spudded Date Compl. Ready to Prod.					Total Depth	1		P. B. T. D.	<u> </u>	<u> </u>	_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Peforations					<u> </u>			Depth Casir				
	TI	IDING CA	STNC	· ND CI				Deptii Casii	4 g			
HOLE SIZE	CASING	U BING, CA & TUBING	SING E	AND CE		G RECORD DEPTH SET		Т	SACKS CEMENT			
				=					OUCUS OF	MENI	_	
								 			_	
V. TEST DATA AND REQUES	T EOD ALL	OTV A DI						<u> </u>			-	
OIL WELL (Test must be after re	I FUK ALLI ecovery of total v	OWABL	Æ ad oil a	ad must	La caual to	··	., ,,				_	
	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						_	
Length of Test	recovery of total volume of load oil and mu			1	Casing Pres	sure		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.			7	Water - Bbls.			Gas - MCF		·		
GAS WELL								<u> </u>			_	
Actual Prod. Test - MCF/D	Length of Test				3bls. Conde	nsate/MMC	F	Gravity of C	ondensate		_	
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size	Choke Size			
I hereby certify that the rules and regulation	64 636										_	
Division have been complied with and that	at the information	n given abo	we.		OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved APR 0 5 1994							
Rick Vanderslie	ىد				Ву	• •					-	
Signature						<u>c</u>	IDIGINAL	SIGNED B	Y JERRY SEXT	r on ———	_	
Rick Vanderslice Oper. Mgr.					Title DISTRICT I SUPERVISOR							
Printed Name 3/31/94	Title (915)6	685-1961									1	
Date		phone 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.