State of New Mexico

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

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-11 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P. O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.											
Operator Arch Petroleum Inc.									Well API No. 30 - 025-26480		
Address 777 Taylor St., Penthouse II-A	Ft Worth (Club Tox	ver F	t Wor	th TX	76102					
Reason (s) for Filling (check proper box)	, r t. Worth	Club To	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t. 77 GI	tii, 12k		(Please exp	olain)			
New Well	Change in Transporter of: EFFECTIVE APRIL 1, 1994										
Recompletion Oil Dry Gas											
Change in Operator X	Casinghead Ga	ıs	<u> </u>	Condensa	ate 🔲						
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	Well No. Pool Name, Including Formation Kind of Lease								Lease No.		
Laura J. May	1 Drinkard Oil 19190 State, Federal or Fee										
Location								-			
Unit Letter H	:	1830	Feet Fr	om The	North	Line	and	480	Feet From The	East Line	
Section 27 Township	22S	Range	3	37E		, NM	PM,	Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
The Permian Cor	Permian Corl P. O. Box 3119, Midland, TX 79702										
Name of Authorized Transporter of Casingle Texaco E & P Inc.	nead Gas or Dy Gas Give address to which approved copy of this form is to be sent) P. O. Box 730, Hobbs, NM 88240										
If well prod. ces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas	actually conne		When?	HUDDS, NWI O	0240	
give location of tanks.						Vac			I Indonesia		
If this production is commingled with that f	from any other le	ase or pool	nive co	l mminal	ing order n	Yes			Unknown		
IV. COMPLETION DATA	tom any outer te	ase or poor	, give u	Jimimigi	nig order in	illioei.					
		Oil Well	Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)								DDTD			
Date Spudded	e 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 REQUES	T EOD ALL	OWA DI							· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after r.				and must	he equal to	or exceed to	n allowable	for this denth	or he for full 24	hours)	
Date First New Oil Run To Tank					Producing Method (Fiow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	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	Choke Size		
						011) CDV 43	10N DD46	201	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved				APR 05 1994		
Ride Vanderslie					Ву						
Signature					Title ORIGINAL SIGNED BY JERRY SEXTON						
Rick Vanderslice Oper. Mgr.									PERVISOR		
Printed Name Title 3/31/94 (915)685-1961											

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.
 Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C 104 must be filed for each pool in multiply completed wells.

Telephone No.

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Date