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Appropriate District Office <u>DISTRICT I</u>

Energy, Minerals and Natural Resources Departme

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

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

P. O. Box 1980, Hobbs, NM 88240

Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Signature Rick Vanderslice   | Oper. Mgr.                     | Title                           | Title DISTRICT I SUPERVISOR                                       |                  |                       |                   |                            |                            |
|--|--------------------------------|---------------------------------|---|------------------|-----------------------|-------------------|----------------------------|----------------------------|
| Rick Vanderslie  | Ву                             | OPIGINAL SIGNED BY JERRY SEXTON |   |                  |                       | CTON              |                            |                            |
| is true and complete to the best of my k   | nowledge and belief.           |                                 | İ   | e Approv         | ed                    |                   | APR 0                      | 5 1994                     |
| I hereby certify that the rules and regular Division have been complied with and | ations of the Oil Conservation | on<br>above                     |   | •                |                       | SERVA             | TION DIVI                  | SION                       |
| Testing Method (pilot, back press.)  | Tubing Pressure (Shut - in     | n)                              | Casing Pr   | essure (Shut -   | in)                   | Choke Size        | e<br>                      |                            |
| GAS WELL Actual Prod. Test - MCF/D   | Length of Test                 | Bbls. Condensate/MMCF           |   |                  | Gravity of Condensate |                   |                            |                            |
| Actual Prod. During Test   | Oil - Bbls.                    | Water - Bbls.                   |   |                  | Gas - MCF             |                   |                            |                            |
| Length of Test   | Tubing Pressure                | Casing Pressure                 |   |                  | Choke Size            |                   |                            |                            |
| OIL WELL (Test must be after r Date First New Oil Run To Tank                    | Date of Test                   | Producing                       | be equal to or exceed top allowable j Producing Method (Flow, pum |                  |                       | p, gas uji, eic.) |                            |                            |
| V. TEST DATA AND REQUES  | T FOR ALLOWAB                  | LE                              | ut ha aqual t   | or exceed to     | n allowahla           | for this dent     | n or be for full 24        | t hours)                   |
|  |                                |                                 |   |                  |                       |                   |                            |                            |
| HOLE SIZE  | C. ASATO DE LOSATO             |                                 |   |                  |                       |                   |                            |                            |
| HOLE SIZE  | TUBING, CA                     |                                 | MENTING RECORD DEPTH SET  |                  |                       | SACKS CEMENT      |                            |                            |
| Peforations  |                                |                                 |   |                  |                       | Depth Casir       | n; g                       |                            |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Forma        | Top Oil/Ga                      | Top Oil/Gas Pay   |                  |                       | Tubing Depth      |                            |                            |
| Date Spudded   | Date Compl. Ready to Pro-      | Total Depth                     |   |                  | P. B. T. D.           |                   |                            |                            |
| Designate Type of Completion   | - (X)                          | Gas Well                        | New Well  | Workover         | Deepen                | Plugback          | Same Res'v                 | Diff Res'v                 |
| If this production is commingled with that for IV. COMPLETION DATA               | rom any other lease or pool,   | , give commingl                 | ing order nu  | mbe <u>r:</u>    |                       |                   |                            | In icen                    |
|  |                                |                                 | ina andarari  | Yes              |                       |                   | Unknown                    |                            |
| If well produces oil or liquids, give location of tanks.                         |                                | Twp. Rge.                       | Is gas a  | ctually conne    | cted?                 | When?             |                            |                            |
| Name of Authorized Transporter of Casingh Warren Petroleu Co.                    |                                | y Gas                           | Addre   |                  | P. O.                 | Box 1589,         | Tulsa, OK 74               | orm is to be sent)<br>1102 |
| Koch Gathering System: Inc.  | 0/28/6                         |                                 |   |                  | P. O.                 | Box 2256,         | Wichita, KS                | 67201                      |
| III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil                  | or Condens                     | sate                            | Addre   | s (Give          | address to w          | hich approve      | ed copy of this fo         | orm is to be sent)         |
| Section 36 Township  | 22S Range                      | 37E                             | RAL GAS   |                  | 191,                  | Deu               |                            |                            |
| Unit Letter B  |                                | Feet From The                   | North   | , NMP            |                       | Lea               |                            | County                     |
| Location   | 0<00                           | F . F The                       | North   | Linea            | nd :                  | 2080              | Feet From The              | East Line                  |
| Lea "ACL" State  | 1                              | Blinebr                         | y (   | blolo0           |                       |                   |                            |                            |
| Lease Name   | Well No.                       | Pool Name, Inc                  |   | , ,              |                       | 1                 | of Lease<br>Federal or Fee | Lease No.                  |
| and address of previous operator  II. DESCRIPTION OF WELL A                      |                                | ,,21,01201                      |   |                  |                       |                   |                            |                            |
| If change of operator give name  | Chevron U.S.A., Inc.           | P. O. Box                       | 1150.Mid  | land, TX         | 79702                 |                   |                            |                            |
| Recompletion   | Oil<br>Casinghead Gas          | Condensat                       | ı   |                  |                       |                   |                            |                            |
| New Well   | Change in Transpo              | orter of: Dry Gas               |   | EFFE             | CTIVE A               | PRIL 1, 19        | 94                         |                            |
| 777 Taylor St., Penthouse II-A, I Reason (s) for Filling (check proper box)      | Ft. Worth Club Towe            | er, Ft. Wort                    | h, TX 70  | 0102<br>Other (1 | Please expla          | iin)              |                            |                            |
| Arch Petroleum Inc. Address  |                                |                                 |   |                  |                       | 1 30 -            | 023-26910                  |                            |
| Operator   |                                |                                 |   |                  |                       |                   | API No.<br>025-28910       |                            |

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.

(915)685-1961

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

MP

Printed Name

3/31/94

State of New Mexico

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

Energy, Minerals and Natural Resources Departmen

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

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Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I  |   |                          |          |                       |                             |  | Well A                   | API No.                  |                    |  |
|--|---|--------------------------|----------|-----------------------|-----------------------------|--|--------------------------|--------------------------|--------------------|--|
| Operator Arch Petroleum Inc.   |   |                          |          |                       |                             |  | li .                     | 025-28910                |                    |  |
| Address 777 Taylor St., Penthouse II-A, I  | Et. Worth Club  | Tower, Ft                | . Wortl  | h, TX 7               | 6102                        |  |                          |                          |                    |  |
| Reason (s) for Filling (check proper box)  |   |                          |          | 2                     |                             | Please explo                                   |                          | 194                      |                    |  |
| New Well   | Change in Transporter of: EFFECTIVE APRIL 1, 1994 Oil Dry Gas |                          |          |                       |                             |  |                          |                          |                    |  |
| Recompletion   | Casinghead Gas  |                          | ondensat | e 🗖                   |                             |  |                          |                          |                    |  |
| If change of operator give name and address of previous operator   | Chevron U.S.A.  | ., Inc., P. (            | ). Box   | 1150,Mic              | lland, TX                   | 79702  |                          |                          |                    |  |
| II. DESCRIPTION OF WELL A  | ND LEASE  |                          |          |                       |                             |  | 120                      |                          |                    |  |
| Lease Name   | Well No. Pool Name, including Formation State. Federal or Fee |                          |          |                       |                             |  |                          |                          | Lease No.          |  |
| Lea "ACL" State  | 1   | 7                        | Brunson  | (S)Abo                | 0790                        | <u> 20                                    </u> |                          |                          | L                  |  |
| Location   |   |                          | _        |                       |                             |  |                          |                          |                    |  |
| Unit Letter B  | : 0600  | Feet Fr                  | om The   | North                 | Line a                      | and  | 2080                     | Feet From The            | EastLine           |  |
| Section 36 Township  | 22S R   | ange 3                   | 37E      |                       | , NMI                       | PM,  | Lea                      |                          | County             |  |
| III. DESIGNATION OF TRANS  | PORTER OF C   | OIL AND I                | NATUE    | RAL GAS               | 3                           | adde   | which annex              | ad come of this f        | orm is to be sent) |  |
| Name of Authorized Transporter of Oil  | or C  | Condensate               |          | Addre                 | ss (Gtve                    |  |                          |                          |                    |  |
| Koch Gathering System: Inc.  | 0/28/   |                          |          | Addre                 | se (Give                    |  |                          | Wichita, KS              | orm is to be sent) |  |
| Name of Authorized Transporter of Casingho Warren Petroleu Co.   | ead Gas<br>CAGOS  | or Dy Gas                |          | <u> </u>              | <u> </u>                    | P. O.  | Box 1589,                | Tulsa, OK 7              | 4102               |  |
| If well produces oil or liquids,   | Unit Sec  |                          | Rge.     | Is gas a              | ctually conne               | ected?   | When?                    |                          |                    |  |
| give location of tanks.  |   |                          |          |                       | Yes                         |  |                          | Unknown                  |                    |  |
| If this production is commingled with that fr  | om any other lease o  | r pool, give c           | ommingli | ing order nu          | mbe <u>r:</u>               |  |                          |                          | <u> </u>           |  |
| IV. COMPLETION DATA  |   |                          |          | New Well              | Workover                    | Deepen   | Plugback                 | Same Res'v               | Diff Res'v         |  |
| Designate Type of Completion   |   | 1 Wen Cas                |          |                       |                             |  |                          | <u> </u>                 | <u> </u>           |  |
| 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       |                             |  | Tubing Depth             |                          |                    |  |
| Peforations  |   |                          |          |                       |                             |  | Depth Casin              | n; g                     |                    |  |
|  | TURI  | NG, CASING               | AND CI   | EMENTIN               | G RECORD                    |  |                          |                          |                    |  |
| HOLE SIZE  | CASING & TUBING SIZE  |                          |          | DEPTH SET             |                             |  | SACKS CEMENT             |                          |                    |  |
|  |   |                          |          |                       |                             |  |                          |                          |                    |  |
|  |   |                          |          |                       |                             |  |                          |                          |                    |  |
| V. TEST DATA AND REQUES  | T FOR ALLOV   | VABLE                    | <u> </u> | L                     |                             |  |                          |                          |                    |  |
| ()IL WELL (Test must be after r  | ecovery of total volu   | me of load oil           | and mus  | t be equal to         | or exceed to                | p allowable                                    | for this depth           | h or be for full 24      | 4 hours)           |  |
| Date First New Oil Run To Tank   | Date of Test  |                          |          | Producing             | Memod                       | (r tow, pun                                    | np, gas lift, etc.)      |                          |                    |  |
| Length of Test   | Tubing Pressure   |                          |          | Casing Pressure       |                             |  | Choke Size               |                          |                    |  |
| Actual Prod. During Test   | Oil - Bbls.   |                          |          | Water - Bbls.         |                             |  | Gas - MCF                |                          |                    |  |
| GAS WELL   |   |                          |          | 1                     |                             |  | la : :                   | 0.1                      |                    |  |
| Actual Prod. Test - MCF/D  | Length of Test  |                          |          | Bbls. Condensate/MMCF |                             |  | Gravity of Condensate    |                          |                    |  |
| Testing Method (pilot, back press.)  | Tubing Pressure (S  | ng Pressure (Shut - in)  |          |                       | Casing Pressure (Shut - in) |  |                          | Choke Size               |                    |  |
|  | 64 636  |                          |          |                       | OI                          | L CON  | SERVA'                   | TION DIV                 | ISION              |  |
| I hereby certify that the rules and regula   | tions of the Oil Cons   | servation<br>given above |          |                       | <b>J</b>                    |  | _                        |                          |                    |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |   |                          |          | Date                  | <b>Approv</b>               | ed   | P                        | IPR 05 19                | <del>991</del>     |  |
| Riche Vanderslice  |   |                          | _        | Ву                    |                             |  |                          |                          | VION               |  |
| Signature Rick Vanderslice   | Oper. ]   | <br>Mgr.                 | -        | Title                 | (                           | ORIGINAL                                       | . SIGNED I<br>STRICT I S | BY JERRY SE<br>UPERVISOR | AIUN               |  |
| Printed Name   | Title   |                          | -        |                       |                             |  |                          | <u> </u>                 |                    |  |

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3/31/94 Date