State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Departmer

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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.								137-11	API No.		
Operator Arch Petroleum Inc.						30 - 025-10833					
Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102											
Reason (s) for Filling (check proper box) X Other (Please explain)											
New Well	Change in Transporter of: EFFECTIVE APRIL 1, 1994										
	Oil			y Gas	.H					,	
Change in Operator X Casinghead Gas Condensate											
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 No		luding Formati	Y L	377		of Lease Federal or Fee	Lease No.	
Lamunyon Federal (A")		2			Binebry	383	00-				
Location						_					
Unit Lette: F	_ :	1980i	Feet Fro	m The	North	Line	and	1980	Feet From The	West Line	
Section 22 Township	23S	Range		7E		, NMI	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									orm is to be sent)		
Texas New Mexic: Pipelin:		02262		<u> </u>		/ 61			T.A., Denver,		
Name of Authorized Transporter of Casingh Sid Richardson C: rbon	ead Gas		y Gas 9	ш	Address	(Give				orm is to be sent) Worth, TX 76102	
If well produces oil or liquids,	Unit		Twp.	Rge.	Is gas actua	lly conne		When?			
give location of tanks.					Ye	s			Unknown		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas \	Well	New Well W	orkover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded					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		
	T	UBING, CA	SING A	AND CE	MENTING R			·			
HOLE SIZE	CASING & TUBING SIZE				DEF	TH SET		SACKS CEMENT			
								ļ			
V. TEST DATA AND REQUES	T FOR ALL	LOWARI	Æ					<u> </u>			
()IL WELL (Test must be after re	ecovery of total	volume of lo	ad oil a	nd must	be equal to or	exceed to	p allowable	for this depth	or be for full 24	hours)	
Date First New Oil Run To Tank	Date of Test				Producing Met		(Flow, pum	p, gas lift, etc	c.)		
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.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
	<u> </u>									0101	
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 4 1994						
Ride Vanderslice					Ву _			ie. Siene	d by		
Signature					Paul Kautz						
Rick Vanderslice	Oper. Mgr.				Title_		-	Geologia	<u>t</u>		
Printed Name 3/31/94	Titl (91	e . 5)685-196 1	1		!						
Date											

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.