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

State of New Mexico Energy, Minerals and Natural Resources Department

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

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

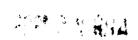
Santa Fe, New Mexico 87504-2088

| DIST<br>1000 | T III<br>Brazos | Rd, | Aztec, | NM | 87410 |  |
|--------------|-----------------|-----|--------|----|-------|--|
| ,            |                 |     |        |    |       |  |

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Arch Petro                                                                  | leum Inc.                                                       |                                    | Well API No.                                             |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| Address 777 Taylor                                                          | St., Suite II-1                                                 | 9. Fort Worth                      | Tx 76/02                                                 |
| Recompletion  Thange in Operator                                            | Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate | Other (Please explain)             |                                                          |
| change of operator give name and address of previous operator               | rter Foundation f                                               | Production Co                      | 76101                                                    |
| I. DESCRIPTION OF WELL                                                      |                                                                 |                                    | 76101                                                    |
| Lease Name<br>Eva E. Blinebry                                               | Well No. Pool Name, Includ                                      |                                    | Kind of Lease Lease No. State Federa or Fee 71 064110    |
| ocation                                                                     |                                                                 | Queen Grayburg                     | 11-007118                                                |
| Unit Letter                                                                 | $\underline{}:\underline{}/980$ Feet From The $\underline{}$    |                                    | Feet From The Line                                       |
| Section 34 Townsh                                                           | $_{\rm ip}$ 23 $_{\rm Range}$ 3                                 | 7 , ммрм,                          | Lea County                                               |
| n. designation of tran                                                      | SPORTER OF OIL AND NATU                                         |                                    |                                                          |
| Name of Mulhorized Transporter of file                                      | or Condensale                                                   | Address (Give address to which app | proved copy of this form is to be sent)                  |
| Name of Authorized Transporter of Casin                                     | ighead Gas or Dry Gas                                           | Address (Give address to which an  | Denver, CO 803/7 proved copy of this form is to be sent) |
| El Paso Natural O                                                           | bas Co.                                                         | P.O. Box 1492, E                   | El Paso, TX 79978                                        |
| if well produces oil or liquids, ive location of tanks.                     | Unit   Sec.   Twp.   Rge.   O   34   23   37                    | 1                                  | When ? ///6/                                             |
| this production is commingled with that V. COMPLETION DATA                  | from any other lease or pool, give comming                      | ling order number:                 | ,0,                                                      |
| Designate Type of Completion                                                | Oil Well Gas Well                                               | New Well   Workover   Dec          | epen Plug Back Same Res'v Diff Res'v                     |
| Date Spudded                                                                | Date Compl. Ready to Prod.                                      | Total Depth                        | P.B.T.D.                                                 |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation               |                                                                 | Top Oil/Gas Pay                    | Tubing Depth                                             |
| erforations                                                                 | <u> </u>                                                        |                                    | Depth Casing Shoe                                        |
|                                                                             | TUBING, CASING AND                                              | CEMENTING RECORD                   |                                                          |
| HOLE SIZE                                                                   | CASING & TUBING SIZE                                            | DEPTH SET                          | SACKS CEMENT                                             |
| **************************************                                      |                                                                 |                                    |                                                          |
|                                                                             |                                                                 |                                    | 1                                                        |
| . TEST DATA AND REQUE                                                       | ST FOR ALLOWABLE                                                |                                    |                                                          |
| IL WELL (Test must be after t                                               | recovery of total volume of load oil and mus                    |                                    |                                                          |
| bate First New Oil Run To Tank                                              | Date of Test                                                    | Producing Method (Flow, pump, ga.  | s lift, etc.)                                            |
| ength of Test                                                               | ength of Test Tubing Pressure                                   |                                    | Choke Size                                               |
| ctual Prod. During Test                                                     | Oil - Bbls.                                                     | Water - Bbis.                      | Gas- MCF                                                 |
| GAS WELL                                                                    |                                                                 |                                    |                                                          |
| Actual Prod. Test - MCF/D                                                   | Length of Test                                                  | Bbls. Condensate/MMCF              | Gravity of Condensate                                    |
| sting Method (pitot, back pr.)                                              | Tubing Pressure (Shut-in)                                       | Casing Pressure (Shut-in)          | Choke Size                                               |
| 7. OPERATOR CERTIFIC                                                        | LATE OF COMPLIANCE                                              |                                    |                                                          |
| I hereby certify that the rules and regul                                   | lations of the Oil Conservation                                 | OIL CONSE                          | RVATION DIVISION                                         |
| Division have been complied with and is true and complete to the best of my |                                                                 | Date Approved                      | APR 2 6 1989                                             |
| Clanet                                                                      | Du din                                                          | OP                                 | IGINAL SIGNED BY                                         |
| Signature Janet Drya                                                        | ten Agent                                                       | Ву                                 | DISTRICT I SUPERVISOR                                    |
|                                                                             |                                                                 |                                    | + IOUK                                                   |
| Printed Name 2-1-09                                                         | Title                                                           | Title                              |                                                          |
| Printed Name 2-1-89 Date                                                    | Title 8/7/332-9209 Telephone No.                                | Title                              | 190.00                                                   |

- 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.



NOTABLE PRINT AG GRACK STREET

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APR 14 1980

OCD HOBBS OFFICE