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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Arch Petroleum Inc.	Well API No. 30-025-10944
Address 10 Desta Drive, Suite 420 East, Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Redesignate Hill "B" Federal No. 5 from
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Teague Blinbry Field to Undesignated ABO.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "B" Federal	Well No. 5	Pool Name, including Formation Teague Blinbry	Kind of Lease State, (Federal) or Fee	Lease No. LC-064118
Location Unit Letter B : 990 Feet From The North Line and 1655 Feet From The East Line Section 34 Township 23-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 42130, Houston, TX 77242					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 23	Rge. 37	Is gas actually connected? Yes	When? 5/74

If this production is commingled with that from any other lease or pool, give commingling order number:

Temp. commingling dated 8/23/89

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/10/82	Date Compl. Ready to Prod. 9/25/89	Total Depth 9737'	P.B.T.D. 7163'					
Elevations (DF, RKB, RT, GR, etc.) 3276 GR	Name of Producing Formation ABO	Top Oil/Gas Pay 6600'	Tubing Depth 6518'					
Perforations 6617-6710 (72 holes)			Depth Casing Shoe 9582'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	322	300
8 1/4	7 5/8	2918	850
6 3/4	5 1/2	9582	500
	2 3/8	6518	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 9/26/89	Date of Test 9/25/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 0	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 12.5	Water - Bbls. 104.3	Gas - MCF 90

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
David Miller
Printed Name
October 4, 1989
Date
Operations Manager
(915) 685-1961
Title
Telephone No.

OIL CONSERVATION DIVISION

OCT 6 1989

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON

By DISTRICT I SUPERVISOR

Title

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.

711 Trans Blb7

RECEIVED

OCT 5 1989

OCD
HOBBS OFFICE