

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

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

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

P.O. Box 2088
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

Operator Arch Petroleum Inc.		Well API No. 30-025-10947
Address 10 Desta Dr., suite 420 East, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change field designation from Devonian to Abo
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

Cancel Lease Dec

II. DESCRIPTIVE OF WELL AND LEASE

Lease Name E.C. Hill "D" Federal	Well No. 1	Pool Name, Including Formation Undesignated Abo	Kind of Lease State, Federal or Fee	Lease No. LC-064118
Location Unit Letter H : 2131 Feet From The North Line and 660 Feet From The East Line Section 34 Township 23S Range 37E, 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 5568, Denver, Co. 80217	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34
	Twp. 23S	Rge. 37E
	Is gas actually connected? Yes	When? 8-52

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

Temporary Approval 8-23-89

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spud/Start 8-16-89	Date Compl. Ready to Prod. 8-20-89		Total Depth 9290		P.B.T.D. 6865'			
Elevations (DF, RKB, RT, GR, etc.) 3275 KB	Name of Producing Formation ABO		Top Oil/Gas Pay 6500		Tubing Depth 6478			
Perforations 6638-6714					Depth Casing Shoe 9100			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	331	300
12 1/4	9 5/8	2919	1400
8 3/4	7	9100	650
	2 3/8	6478	

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 8-21-89	Date of Test 9-13-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 0	Choke Size 14/64
Actual Prod. During Test	Oil - Bbls. 13.6	Water - Bbls. 14.7	Gas - MCF 131

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, Operations Manager
Printed Name
8-20-89 915-685-1961
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 27 1989
By ORIGINAL SIGNED BY JERRY SEXTON
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.

SEP 2 1944

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEP 2 1944

HOLDS CO. N.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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DISTRICT II
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WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

Operator Arch Petroleum Inc.		Lease E.C. Hill "D" Federal		Well No. 1
Unit Letter H	Section 34	Township 23-S	Range 37-E	County Lea
Actual Footage Location of Well: 2131 feet from the North line and 660 feet from the East line				
Ground level Elev. 3263	Producing Formation Devonian ABO	Pool Feague Undesignated	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

David L. Miller
Signature

David L. Miller

Printed Name

Operations Manager

Position

Arch Petroleum Inc.

Company

May 25, 1989

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0