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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Arch Petroleum Inc.	Well API No. 30-025-10968
Address 10 Desta Dr., suite 420 E., 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: Change lease name and well no. from E.C. Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Hill Federal 5K 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 "D" Federal	Well No. 5	Pool Name, Including Formation Teague Devonian	Kind of Lease State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> For Fee	Lease No. 71-064118
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>510</u> Feet From The <u>W</u> Line Section <u>35</u> Township <u>23</u> Range <u>37</u> , 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 Colorado 80217					
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, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 23-S	Rge. 37-E	Is gas actually connected? yes	When? 12/53

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-24-53	Date Compl. Ready to Prod. 10-23-53	Total Depth 9734	P.B.T.D. 7815					
Elevations (DF, RKB, RT, GR, etc.) 3267 KB	Name of Producing Formation Devonian	Top Oil/Gas Pay 7265	Tubing Depth 7146					
Perforations 7265-7295 (62 holes)	Depth Casing Shoe 9729							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		316		300 sx circ			
10 3/4	9 5/8		2908		1500 sx circ			
8 1/4	7		9729		650 sx			
6	2 3/8		7146					

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.)

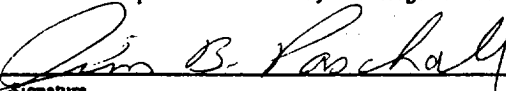
Date First New Oil Run To Tank 7-14-89	Date of Test 7-20-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 590	Casing Pressure 0	Choke Size 10/64
Actual Prod. During Test	Oil - Bbls. 75	Water - Bbls. 10	Gas - MCF 162

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  
Jim B. Paschall, V.P. Operations  
Printed Name  
7-27-89  
Date  
817-332-9209  
Telephone No.

OIL CONSERVATION DIVISION

JUL 31 1989

Date Approved

By **Eddie W. Seay**  
Oil & Gas Inspector

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.

RECEIVED

JUL 28 1963

CCC  
HARRIS COUNTY