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mbmit 5 Cooles	. 1		State of N	ew Mexico		l l			
Appropriate District Office DISTRICT 1	En	ergy, Min	erals and Nati	ural Resourc	es Departme	ent		Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240	0		NSERVA	TIONI	OIVISIO	N		at Bottom of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Ŭ			ox 2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			-					,	
I.			ALLOWAE						
Operator							PI No.		
Arch Petroleum Inc.	· · · · · · · · · · · · · · · · · · ·	2	· · · · · · · · · · · · · · · · · · ·				-025-1096	58	
10 Desta Dr., suite 4	20 E.,Mi	dland,	Texas 79	9705					
Reason(s) for Filing (Check proper box) New Well					st (Piease expla	•		<u> </u>	
Recompletion	Oil	hange in Tra Dry	y Gas		e lease i Federal !		d well no	o. from E.C.	
Change in Operator	Casinghead (Gas 🗌 Co	ndensate						
and address of previous operator							····		
II. DESCRIPTION OF WELL				••				-	
Lease Name E.C. Hill "D" Federal	V		eagué Dev	-			(Lease Federa Por Fee	Lease No. 71-064118	
Location		<u> </u>	eague De		· · · · · · · · · · · · · · · · · · ·			/1-004110	
Unit LetterE	:1980	Fee	t From The	Line	and 510	Fe	et From The	W Line	
Section 35 Townshir	23	Ra	nge 37	7	APM,		I	_ea County	
······································							•	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL A			address to wh	ich approved	corry of this for	m is to be sent)	
	Texas New Mexico Pipeline					Address (Give address to which approved copy of this form is to be sent) P.O. Box 5568, Denver Colorado 8021.			
	ame of Authorized Transporter of Casinghead Gas X or Dry Gas					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,	El Paso Natural Gas Co. well produces oil or liquids, Unit Sec. Twp.				connected?	When		19970	
give location of tanks. If this production is commingled with that f			<u>I-S 37-E</u>	yes			12/53	·····	
IV. COMPLETION DATA	tom any other	lease or pool	, give commingi	ing order num	xer:				
Designate Type of Completion	- 00	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S		
Date Spudded	Date Compl.	A Ready to Pro	d.	Total Depth			<u> </u>	X	
•				97 34			7815		
7-24-53	10-23	-53	tion	97	34			1.5	
Elevations (DF, RKB, RT, GR, etc.) 3267 KB	Name of Prod	tucing Forma	tion	Top Oil/Gas 1	ay		Tubing Depth 714		
Elevations (DF, RKB, RT, GR, etc.) 3267 KB Perforations	<u>10-23</u> Name of Prod Devoni	tucing Forma	tion	97 Top Oil/Gas 1 7 2	ay		Tubing Depth 714 Depth Casing	16 Shoe	
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DETENDED

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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RECEIVED

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