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 I-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ĭ.							AUTHO ATURAL		_				
Operator Arch Petroli	eum	In	2.						Well	API No.			
Address 777 Taylor S Reason(s) for Filing (Check proper box)	54.,5	uite	Д	-A,	Fo	nt l	Wort	-6,	7 <sub>X</sub>	7610	ζ		
Reason(s) for Filing (Check proper box)	<del>'</del>			<u> </u>		Ot	ther (Please	expla	in)				
New Well		Change in	Transp	porter of:	¬								
Recompletion	Oil Casinghea		Dry C		7								
If change of operator give name and address of previous operator Carte					<u> </u>	<u>'~</u>	On R		1036	EL 11	10-16	TV 7/1	
			2/1/	roal	LCT.	(07)	w., i	UX	1000	FILL	orti,	12 1610	
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including									Kind	of Lauca		ease No.	
E.C. Hill Federal 7 Teago										of Lease Federal or Fe	17/-	064118	
Location Unit Letter	. 99	0		_	_		ne and	3.	30 Fe	et From The		Line	
Section 35 Township	, 2	<u>3.5</u>	Range		37	E ,1	чмрм,			Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate of Authorized Transporter of Oil or Condensate of Oil or Condensate of Oil or Condensate of Oil or Condensate or Condensate of Oil or Condensate o													
None- water Supply well							Addition (Give daditess to which approved copy of this form is to be sent)						
lame of Authorized Transporter of Casinghead Gas / or Dry Gas						ddress (Gi	ive address	io wh	ich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	F	ge. Is	gas actua	lly connecte	d?	When	?		·	
If this production is commingled with that f  IV. COMPLETION DATA	rom any oth	er lease or	pool, g	ive comm	ingling	order nun	mber:						
Designate Type of Completion	· (X)	Oil Well		Gas Wel		New Well	Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded Date Compi. Ready to Prod.						Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Perforations										Depth Casing Shoe			
TUBING, CASING AND						EMENT	ING REC	ORI	)				
HOLE SIZE	CAS	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
											1		
V. TEST DATA AND REQUES	TEODA	HOW	ARIE	7									
OIL WELL (Test must be after re					nust be	equal to o	or exceed to	o allo	wable for thi	s depth or be	for full 24 hou	urs.)	
									np, gas lift, e				
Length of Test	Tubing Pressure				C	asing Pres	sure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				W	Water - Bbls.				Gas- MCF			
GAS WELL	L									.1			
Actual Prod. Test - MCF/D	Length of Test					bls. Conde	nsate/MMC	F		Gravity of (	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				c	Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICA				NCE			OIL C	ON	SERV	ATION	DIVISIO	J DN	
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.						Date Approved MAY 8 1989							
Janet Duden													
Signature/Tailet Dryden Agent						By_							
Printed Name 5/3/87 8/7/332-9209						Title	e	<del></del>					
Date / / '		/ Tele	phone	No.			· · · · · · · · · · · · · · · · · · ·						

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.



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