State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Departmen

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well API No.		
Arch Petroleum Inc.				30 - 025-22323			
Address 777 Taylor St., Penthouse II-A,	Et Worth Club Tox	vor Et Wort	th, TX 7610	2			
Reason (s) for Filling (check proper box)	rt. Worth Club Tow	ver, rt. vvor	X X	Othei (Please e.	xplain)		
New Well	Change in Trans	porter of:		EFFECTIVE	E APRIL 1, 1994		
Recompletion	Oil	Dry Gas					
Change in Operator X	Casinghead Gas	Condensa	ite [				
If change of operator give name and address of previous operator	Chevron U.S.A., Inc	c., P. O. Box	1150,Midlan	d, TX 79702	2		
II. DESCRIPTION OF WELL A	AND LEASE						
Lease Name	Well No. Pool Name, Including Formation Kind of Lease Lease No.					l i	
C. E. Lamunyon	21	Теадие	Blinebry	58300	State, Federal or 1	ree	
Location				<u> </u>	<u></u>		
Unit LettesA_	:0510	Feet From The	North	_Line and	660 Feet From	The <u>East</u> Line	
Section 28 Township	23S Range	37E		, NMPM,	Lea	County	
III. DESIGNATION OF TRANS	SPORTER OF OIL	AND NATUI	RAL GAS				
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)							
Shell Pipeline Cor  P. O. Box 2648, Houston, TX 77252							
Name of Authorized Transporter of Casingh	nead Gas or D	v Gas	Address	(Give address t	o which approved copy of the	his form is to be sent)	
Sid Richardson Carbon	Unit Sec.	Twp. Rge.	Is and noticell	ly connected ?	11 Main St., Ste. 2300, When?	Ft. Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Oint Sec.	Twp. Rge.		ly connected :			
	<del></del>		Yes		Unknowi	<u>1</u>	
If this production is commingled with that find IV. COMPLETION DATA							
Designate Type of Completion	Oil Well	Gas Well	New Well Wo	rkover Deepen	Plugback Same Res'	v Diff Res'v	
Date Spudded	Date Compl. Ready to Pro	d.	Total Depth		P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	Tubing Depth	
Peforations Depth Casin; g							
	TUBING, C	ASING AND CI	EMENTING RE	CORD	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re			ha aqual to or a	coad ton allowah	le for this depth or be for fu	11.24 hours)	
Date First New Oil Run To Tank	Date of Test	oda on una musi	Producing Metho	<del></del>	mp, gas lift, etc.)	ii 24 nours)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas - MCF	Gas - MCF	
GAS WELL	<u> </u>						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate	e/MMCF	Gravity of Condensate		
To di Mala II. da di	Talia Danie (Chatai	Casing Pressure (Shut - in)		Choke Size			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)		Casing Pressure (Shut - in)		Choke Size		
I hereby certify that the rules and regulat	tions of the Oil Conservatio	n		OIL CON	ISERVATION DI	VISION	
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 APR 0 4 1994				
l — ·	`						
Kiele Vanderslie			By Orig Signed by				
Signature Rick Vanderslice	e e e e e e e e e e e e e e e e e e e			Paul Kautz Title Geologist			
Printed Name	Title			•			
3/31/94			i				

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.