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Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

| | | |
|--|---|---------------------------------------|
| Operator Arch Petroleum Inc. | | Well API No. 30 - 025-22489 |
| Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102 | | |
| Reason (s) for Filling (check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE APRIL 1, 1994 | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator Chevron U.S.A., Inc., P. O. Box 1150, Midland, TX 79702 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|--|-----------|
| Lease Name M. K. Stewart | Well No. 3 | Pool Name, Including Formation Teague Blinebry 58300 | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter O : 0660 Feet From The South Line and 1980 Feet From The East Line Section 28 Township 23S Range 37E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------|------|------|---|--------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Cor | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77252 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon | Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ste. 2300, Ft. Worth, TX 76102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected ? Yes | When ? Unknown |

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 | Gas Well | New Well | Workover | Deepen | Plugback | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P. B. T. D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back press.) | Tubing Pressure (Shut - in) | Casing Pressure (Shut - in) | Choke Size |

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.

Rick Vanderslice

Signature

Rick Vanderslice

Oper. Mgr.

Printed Name

3/31/94

Date

Title

(915)685-1961

Telephone No.

OIL CONSERVATION DIVISION
APR 05 1994

Date Approved

By

Title

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.