Submit 5 Copies
Appropriate District Office
DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

Energy, Minerals and Natural Resources Departmer

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

OIL CONSERVATION DIVISION

P. O. Box 2088

P. O. Drawer DD, Arlesia, 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 Arch Petroleum Inc.									API No. 025-22500		
Address											
777 Taylor St., Penthouse II-A,	Ft. Worth C	Club To	wer, F	t. Wor	th, TX 7	6102 X Othe	(Please exp	lain)			
New Well				of•	Othes (Please expla EFFECTIVE A				994		
Recompletion Oil Dry Gas											
Change in Operator X	Casinghead Gas	s		Condensa	ite 🔲						
It change of operator give name and address of previous operator	Chevron U.	S.A., In	c., P. (O. Box	1150,Mi	dland, TX	79702				
II. DESCRIPTION OF WELL A	AND LEASE										
Lease Name		Well No.	. Pool l	Name, In	cluding Fon ACCUER	nation K -	10716 3	3 /1 /97 Kind State	of Lease , Federal or Fee	Lease N	0.
M. K. Stewart		4	<u>'</u>	Teague	Blinebr	<u> 583</u>	3 <i>00</i>		,		
Location											_
Unit LetterI	:	1980	Feet Fi	rom The	South	Line	and	660	Feet From The	<u>East</u> Lin	1e
Section 28 Township	23S	Range		37E		, NM	IPM,	Lea		County	
III. DESIGNATION OF TRANS	SPORTER C	F OIL	AND I	NATU	RAL GA						_
Name of Authorized Transporter of Oil	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	lead Gas] or I	y Gas		Addre	ss (Give	e address to	which approv	ed copy of this fo	orm is to be sent	
Sid Richardson C: rbon It well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas a	ctually conn		When?	Ste. 2300, Ft.	worth, IX	6102
give location of tanks.			- r		Yes			Unknown			
If this production is commingled with that f	rom any other lea	ase or poo	l, give o	ommingl				·			
IV. COMPLETION DATA										·	
Designate Type of Completion	- (X)	Oil Wel	l 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			
Peforations								Depth Casin; g			
	T	JBING, C	ASING	AND CI	EMENTING	RECORD		<u> </u>		 -	
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOD ALL	OWAD	TE					<u> </u>			
				and must	he equal to	or exceed to	n allowable	for this denth	or he for full 24	hours)	
OH, WELL (Test must be after recovery of total volume of load oil and must 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								ı			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Train Maked (silet back mass)	lot, back press.) Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
Testing Method (pilot, back press.)	ruonig riessure (Shut - III)				Casing Flessure (Shut - III)			Choke Size			
I hereby certify that the rules and regulat	ions of the Oil C	Conservatio	on			OII	L CONS	SERVAT	TON DIVIS	SION	
Division have been complied with and that the information given above					B. 1 A						
is true and complete to the best of my kn	owledge and beli	ief.			Date	Approve	ed	A	PR 05 190	34	
Kick Vandershies					Ву	· · · · · · · · · · · · · · · · ·					
Signature Rick Vanderslice Oper. Mgr.					Title ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title					'		DISTRIC	T I SUPER	A12OK		
3/31/94)685-196				province .	e e george geween d	and the second second		.	
Date	Tel	lenhone N	o		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.