

District I
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Geology, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

District RC
PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Instruction on back
Submit to Appropriate District Office
5 Copies

District IV
PO Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address ARCH PETROLEUM INC. 10 DESTA DRIVE, STE. 420E Midland, TX 79705		² OGRID Number 000962
		³ Reason for Filing Code RC- FROM OIL TO GAS
⁴ API Number 30-25-22838	⁵ Pool Name LANGLIE MATTIX	
⁶ Pool Code 37240		
⁷ Property Code 014898	⁸ Property Name C. E. LAMUNYON	⁹ Well Number 43

II. ¹⁰ Surface Location

UI or Lot. No. D	Section 21	Township 23S	Range 37	Lot Idn.	Feet from the 560	North/South Line NORTH	Feet from the 560	East/West Line WEST	County LEA
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¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code F	¹³ Producing Code P	Method	¹⁴ Gas Connection Date 4/2/95	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date			

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
020809	SID RICHARDSON CARBON	736630		
	201 MAIN ST.,STE.2300,FT.WORTH, TX 76102			

IV. Produced Water

²³ POD 736650	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD 5327	²⁹ Perforations 3189-3546
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date 4/2/95	³⁶ Test Date 6/24/95	³⁷ Test Length 24	³⁸ Tbg. Pressure 250	³⁹ Csg. Pressure
⁴⁰ Choke Size 0	⁴¹ Oil	⁴² Water 25	⁴³ Gas 45	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules 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.

Signature: *Bobbie Brooks*

Printed Name:
BOBBIE BROOKS

Title:
PRODUCTION ANALYST

Date:
SEPTEMBER 7, 1995

Phone:
915-685-1961

OIL CONSERVATION DIVISION

Approved by: **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT ENGINEER

Title:
Approved Date: **OCT 10 1995**

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE

SEP 11 1954

RECEIVED

New Mexico Oil Conservation Division
C-104 Instructions

- IF THIS IS AN AMENDED REPORT, CHECK THE BOX
AD 22 The ULSTR location of this POD if it is different from the well completion location and a short description of the POD
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD is it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DAYR drilling commenced.
26. MO/DAYR this completion was ready to produce.
27. Total vertical depth of the well.
28. Plugback vertical depth.
29. Top and bottom perforation in this completion or casing shoe and TD if openhole.
30. Inside diameter of the well bore.
31. Outside diameter of the casing and tubing.
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string.
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
34. MO/DAYR that new oil was first produced.
35. MO/DAYR that gas was first produced into a pipeline.
36. MO/DAYR that the following test was completed.
37. Length in hours of the test.
38. Flowing tubing pressure - oil wells.
39. Shut-in tubing pressure - gas wells.
40. Flowing casing pressure - oil wells.
41. Shut-in casing pressure - gas wells.
42. Diameter of the choke used in the test.
43. Barrels of oil produced during the test.
44. Barrels of water produced during the test.
45. MCF of gas produced during the test.
46. Gas well calculated absolute open flow in MCF/D.
47. The method used to test the well:
- F Flowing
P Pumping
S Swabbing
If other method please write it in.
48. The signature, printed name and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report.
49. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person.
1. Operator's name and address.
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:
- NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)
- If for any other reason write that reason in this box.
4. The API number of this well.
5. The name of the pool for this completion.
6. The pool code for this pool.
7. The property code for this completion.
8. The property name (well name) for this completion.
9. The well number for this completion.
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or Lot No" box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion.
12. Lease code from the following table:
- F Federal
S State
P Fee
J Jarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
- F Flowing
P Pumping or other artificial lift
14. MO/DAYR that this completion was first connected to a gas transporter.
15. The permit number from the District approved C-129 for this completion.
16. MO/DAYR of the C-129 approval for this completion.
17. MO/DAYR of the expiration of C-129 approval for this completion.
18. The gas or oil transporter's OGRID number.
19. Name and address of the transporter of the product.
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:
- O Oil
G Gas