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

P. O. Drawer DD, Artesia, NM 88210

DISTRICT II

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III REQUEST FOR A 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator								Well	API No.		
Arch Petroleum Inc.		30 - 025-26067									
Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102											
Reason (s) for Filling (check proper box)						X Othe	(Please expl				
New Well	Change in Transporter of: Oil Dry Gas				EFFECTIVE APRIL				994		
Teecompiesson	Oil Casinghead Ga	s		ondensa	te 💾						
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 Well No. Pool Name, Including Formation Kind of Lease Lease No.											
Lease Name								State, Federal or Fee			
C. E. Lamunyon		47	N	V.Teag	ue Devon	ian 🤄	5830C	l			
Location										!	
Unit Letter E	_ :	2180	Feet Fr	om The	North	Line	and	560	Feet From The	West Line	
Section 22 Township	23S	Range	3	7E		, NM	ſPM,	Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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									77252		
Name of Authorized Transporter of Casinghead Gas or D.y Gas Address (Give address to which approved copy								ed copy of this fo	orm is to be sent)		
Sid Richardson C: rbon If well produces oil or liquids,	Unit	C20304 Rge.			Is gas a				Main St., Ste. 2300, Ft. Worth, TX 76102 When?		
give location of tanks.			F.								
Yes Unknown											
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
		Oil Well	Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		eady to Pro	<u> </u>		Total Depth			P. B. T. D.		1	
T ,											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Peforations									Depth Casin; g		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALI	LOWARI	LE					<u> </u>	· · · · · ·		
OIL WELL (Test must be after re	ecovery of total	volume of le	oad oil	and mus	t be equal to	or exceed t	op allowable	for this depth	or be for full 24	(hours)	
Date First New Oil Run To Tank Date of Test Pr						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			
Actual Line Dulling Less	OII - DUIS.										
GAS WELL	Tamesto CT				Phla Carri	ensete AAA	CE	Gravity of	Condensate		
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			
								.1			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					Date Approved APR 0 4 1994						
is true and complete to the best of my knowledge and belief.						: Approv					
Rick Vanderlie					By Orig. Signed by						
Signature Rick Vanderslice Oper. Mgr.					Title	Paul Kautz Title Geologist					
Printed Name	Titl								·	· · · · · · · · · · · · · · · · · · ·	
3/31/94	(91	5)685-196									
Date		elephone No)		<u> </u>					· · · · · · · · · · · · · · · · · · ·	

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.