State of New Mexico

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

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

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

1.			<del></del> -							
Operator Arch Petroleum Inc.							1	II API No. - <b>025-28401</b>		
Address 777 Taylor St., Penthouse II-A	Ft Worth	Club To	war Et W	orth TV	76102			020 20 101		
Reason (s) for Filling (check proper box)	1, 1 to 11 Of th	Club 10	WCI, I'E. W	ortii, IA		ei (Please ex	plain)			
New Well	Cha	ange in Tran	sporter of:			FECTIVE		1994		
Recompletion	Oil		Dry G	as 🔲						
Change in Operator X	Casinghead (	Gas	Conde	nsate						
If change of operator give name and address of previous operator	Chevron	U.S.A., In	c., P. O. B	ox 1150,M	lidland, T	X 79702				
II. DESCRIPTION OF WELL	AND LEAS	E								
Lease Name	Pool Name	Including Fo	rmation				Lease No.			
West Dollarhide Devonian Unit	·	120	Dolla	rhide De	onian /	8050	Stat	e, Federal or Fee		
Unit Lette: E	:	1368	Feet From T	ne <u>Nort</u>	hLine	e and	1228	_Feet From The	West Line	
Section 04 Township	25S	Range	38E		, NN	ΔPM,	Lea	ı	County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NAT	URAL GA	AS					
Name of Authorized Transporter of Oil		or Conde	nsate	Add		e address to	which appro	ved copy of this j	form is to be sent)	
Texas New Mexic Pipelin Co.		0226								
Name of Authorized Transporter of Casing	ghead Gas	03080		Add	ress (Giv	e address to	. BOX 5568 which appro	, T.A., Denver	form is to be sent)	
Sid Richardson Carbon  If well produces oil or liquids,	Unit		<u> </u>			201	Main St.,	Ste. 2300, Ft.	Worth, TX 76102	
give location of tanks.	Omi	Sec.	Twp. Rg	e. Is gas	actually conn	rected?	When?		-	
					Yes			Unknown		
If this production is commingled with that IV. COMPLETION DATA	from any other l	lease or pool	, give commin	gling order n	umbe <u>r:</u>					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded			<u> </u>							
	Date Compi.	Date Compl. Ready to Prod.			Total Depth			P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Forma	ntion	Top Oil/G	Top Oil/Gas Pay			Tubing Depth		
Peforations								Depth Casin; g		
	Т	UBING, CA	ASING AND	CEMENTIN	G RECORD					
HOLE SIZE	CASINO	G & TUBIN	G SIZE	DEPTH SET			SACKS CEMENT			
	<del> </del> -									
V. TEST DATA AND REQUES	T FOD ALL	OWADI	Б							
				or ho amenda		11 11				
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	votame of it	da ou ana mu	Producing	Method	p allowable f (Flow, pum)	or this depth v, gas lift, etc	or be for full 24	hours)	
Length of Test	Tubin D					(/p/	- 1 8 440 393, 636	·/		
	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF			
GAS WELL			***	<b>!</b>					····	
Actual Prod. Test - MCF/D	Length of Test	!		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressur	re (Shut - in)		Casing Pressure (Shut - in)			Choke Size			
I hereby certify that the rules and regulat Division have been complied with and the is true and complete to the best of my kn	nat the informati	on given abo		Date	OIL Approve		ERVAT	TON DIVIS	SION 394	
Tick Vande	<u>slici</u>			Ву						
Signature Rick Vanderslice	0	n Mar			001	GINAL CIC	NED DV	FRRY SEXT	)N	
Rick Vanderslice Oper. Mgr. Printed Name Title					Title DRIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR					

Telephone No 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.

(915)685-1961

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

blank

3/31/94

Date