

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

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-104  
Revised February 10, 1994

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

OIL CONSERVATION DIVISION

Instruction on back  
Submit to Appropriate District Office

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

PO Box 2088  
Santa Fe, NM 87504-2088

5 Copies

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|                                                                                                                          |                                                                    |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| <sup>1</sup> Operator Name and Address<br><b>ARCH PETROLEUM INC.<br/>10 DESTA DRIVE, STE. 420E<br/>Midland, TX 79705</b> |                                                                    | <sup>2</sup> OGRID Number<br><b>000962</b>                                   |
|                                                                                                                          |                                                                    | <sup>3</sup> Reason for Filing Code<br><b>CHANGE OF POD EFFECTIVE 4-1-96</b> |
| <sup>4</sup> API Number<br><b>30-025-30525</b>                                                                           | <sup>5</sup> Pool Name<br><i>Paddock</i><br><b>TEAGUE/BLINEBRY</b> | <sup>6</sup> Pool Code<br><b>58300</b>                                       |
| <sup>7</sup> Property Code<br><b>014898</b>                                                                              | <sup>8</sup> Property Name<br><b>C. E. LAMUNYON</b>                | <sup>9</sup> Well Number<br><b>50</b>                                        |

II. <sup>10</sup> Surface Location

|                            |                      |                        |                     |          |                              |                                  |                             |                               |                      |
|----------------------------|----------------------|------------------------|---------------------|----------|------------------------------|----------------------------------|-----------------------------|-------------------------------|----------------------|
| UI or Lot. No.<br><b>A</b> | Section<br><b>28</b> | Township<br><b>23S</b> | Range<br><b>37E</b> | Lot Idn. | Feet from the<br><b>1310</b> | North/South Line<br><b>NORTH</b> | Feet from the<br><b>210</b> | East/West Line<br><b>EAST</b> | County<br><b>LEA</b> |
|----------------------------|----------------------|------------------------|---------------------|----------|------------------------------|----------------------------------|-----------------------------|-------------------------------|----------------------|

<sup>11</sup> 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 |
|                                    |                                          |          |                                       |            |                                   |                                    |                                     |                |        |
| <sup>12</sup> Lse Code<br><b>F</b> | <sup>13</sup> Producing Code<br><b>P</b> | Method   | <sup>14</sup> Gas Date<br><b>1/92</b> | Connection | <sup>15</sup> C-129 Permit Number | <sup>16</sup> C-129 Effective Date | <sup>17</sup> C-129 Expiration Date |                |        |

III. Oil and Gas Transporters

|                                 |                                                                                        |                           |                   |                                                  |
|---------------------------------|----------------------------------------------------------------------------------------|---------------------------|-------------------|--------------------------------------------------|
| <sup>18</sup> Transporter OGRID | <sup>19</sup> Transporter Name and Address                                             | <sup>20</sup> POD         | <sup>21</sup> O/G | <sup>22</sup> POD ULSTR Location and Description |
| <b>007440</b><br><i>37480</i>   | <b>EOTT ENERGY PIPELINE LTD.<br/>PARTNERSHIP, P. O. BOX 1660<br/>MIDLAND, TX 79702</b> | <b>709610</b>             | <b>O</b>          |                                                  |
| <b>020809</b>                   | <b>SID RICHARDSON<br/>201 MAIN ST.<br/>FORT WORTH, TX 76102</b>                        | <b>709730</b><br><i>6</i> | <b>G</b>          |                                                  |
|                                 |                                                                                        |                           |                   |                                                  |
|                                 |                                                                                        |                           |                   |                                                  |
|                                 |                                                                                        |                           |                   |                                                  |

IV. Produced Water

|                                    |                                                  |
|------------------------------------|--------------------------------------------------|
| <sup>23</sup> POD<br><b>709650</b> | <sup>24</sup> POD ULSTR Location and Description |
|------------------------------------|--------------------------------------------------|

V. Well Completion Data

|                         |                                    |                         |                            |                            |
|-------------------------|------------------------------------|-------------------------|----------------------------|----------------------------|
| <sup>25</sup> Spud Date | <sup>26</sup> Ready Date           | <sup>27</sup> TD        | <sup>28</sup> PBTD         | <sup>29</sup> Perforations |
| <sup>30</sup> Hole Size | <sup>31</sup> Casing & Tubing Size | <sup>32</sup> Depth Set | <sup>33</sup> Sacks Cement |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |

VI. Well Test Data

|                            |                                 |                         |                           |                             |                             |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| <sup>34</sup> Date New Oil | <sup>35</sup> Gas Delivery Date | <sup>36</sup> Test Date | <sup>37</sup> Test Length | <sup>38</sup> Tbg. Pressure | <sup>39</sup> Csg. Pressure |
| <sup>40</sup> Choke Size   | <sup>41</sup> Oil               | <sup>42</sup> Water     | <sup>43</sup> Gas         | <sup>44</sup> AOF           | <sup>45</sup> Test Method   |

<sup>46</sup> 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:  
**APRIL 16, 1996**

Phone:  
**915-685-1961**

OIL CONSERVATION DIVISION

Approved by: **ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR**

Title:

Approved Date:

**APR 19 1996**

<sup>47</sup> 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 |
|-----------------------------|--------------|-------|------|

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED  
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes at the nearest whole barrel.

A request for a new well or a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:

RT Request for test allowable (include volume requested)  
CG Change gas transporter  
AG Add gas transporter  
CO Change oil/condensate transporter  
AO Add oil/condensate transporter  
CH Change of Operator  
RC Recompletion  
NW New Well

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

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.

The bottom hole location of this completion

Lease code from the following table:

F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe

The producing method code from the following table:

P Flowing  
F Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

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.

Product code from the following table:

O Oil  
G Gas

22.

The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

23.

The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.

24.

The ULSTR location of this POD if 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/DA/YR drilling commenced

26.

MO/DA/YR 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

34.

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.

35.

MO/DA/YR that gas was first produced into a pipeline

36.

MO/DA/YR 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.  
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  
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