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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Arch Petroleum Inc.		Well API No. 30-025-30693
Address 10 Desta Dr., Suite 420 East, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baylus Cade Federal	Well No. 4	Pool Name, Including Formation Teague Devonian	Kind of Lease State, (Federal) or Fee	Lease No. LC-034711
Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company <u>Rock</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 5568, Denver, Colorado 80217-5568</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, Texas 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>35</u>
	Twp. <u>123S</u>	Rge. <u>137E</u>
	Is gas actually connected? <u>No</u>	When? <u>ASAP</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <u>X</u>	Gas Well	New Well <u>X</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>10-2-89</u>	Date Compl. Ready to Prod. <u>11-1-89</u>		Total Depth <u>7650</u>		P.B.T.D. <u>7553</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3261 KB</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>7318</u>		Tubing Depth <u>7202</u>			
Perforations <u>7318-7343 (2 JSPF - 52 holes)</u>					Depth Casing Shoe <u>7606</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>1170</u>		<u>750</u>			
<u>7 7/8</u>	<u>4 1/2</u>		<u>7606</u>		<u>1st stage - 650</u>			
	<u>DV tool at 455</u>				<u>2nd stage - 845</u>			
	<u>2 3/8 thg</u>		<u>7202</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <u>11-2-89</u>	Date of Test <u>11-5-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>550</u>	Casing Pressure <u>0</u>	Choke Size <u>12/64</u>
Actual Prod. During Test	Oil - Bbls. <u>210</u>	Water - Bbls. <u>0</u>	Gas- MCF <u>325</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

David Miller
Signature
David Miller Operations Manager
Printed Name Title
11-8-89 915-685-1961
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 13 1989
By _____ Orig. Signed by
Paul Kautz
Geologist
Title _____

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.

RECEIVED

NOV 13 1989

OCD
MOBES OFFICE