

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

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

District III
100L Rio Brazos Rd., Aztec, NM 87410

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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

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

Instruction on back
Submit to Appropriate District Office
5 Copies

☐ 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	
⁴ API Number 30 - 025-33228		³ Reason for Filing Code NW	
⁵ Pool Name TEAGUE/BLINEBRY		⁶ Pool Code 58300	
⁷ Property Code 014926		⁸ Property Name SALTMOUNT	
		⁹ Well Number 3	

II. ¹⁰ Surface Location

UI or Lot. No. P	Section 21	Township 23S	Range 37E	Lot Idn.	Feet from the 990	North/South Line SOUTH	Feet from the 1300	East/West Line EAST	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
P									
¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 2-1-96	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
007440	EOTT ENERGY OPERATING LP P. O. BOX 1660, MIDLAND, TX 79702	711310	O	
020809	SID RICHARDSON CARBON 201 MAIN ST., FORT WORTH, TX 76102	711330	G	

IV. Produced Water

²³ POD 711350	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 1-11-96	²⁶ Ready Date 2-1-96	²⁷ TD 6,000'	²⁸ PBDT 5922'	²⁹ Perforations 5416'-5877'
³⁰ Hole Size 12 1/4"	³¹ Casing & Tubing Size 8 5/8"	³² Depth Set 1072'	³³ Sacks Cement 600 SX, CIRC 167 SX.	
7 7/8"	5 1/2"	6000'	2250 SX.	
	2 3/8	5397'		

VI. Well Test Data

³⁴ Date New Oil 2-1-96	³⁵ Gas Delivery Date 2-1-96	³⁶ Test Date 2-2-96	³⁷ Test Length 24 HRS.	³⁸ Tbg. Pressure	³⁹ Csg. Pressure 300#
⁴⁰ Choke Size 26/64"	⁴¹ Oil 105	⁴² Water 413	⁴³ Gas 200	⁴⁴ AOF	⁴⁵ Test Method F

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:
2-21-96

Phone:
915-685-1961

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Approved Date:

FEB 23 1996

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

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 has been 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 the 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/D/A/YR drilling commenced	
26.	MO/D/A/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.	MO/D/A/YR that new oil was first produced	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Flowing casing pressure - oil wells	
40.	Diameter of the choke used in the test	
41.	Barrels of oil produced during the test	
42.	Barrels of water produced during the test	
43.	MCF of gas produced during the test	
44.	Gas well calculated absolute open flow in MCF/D	
45.	The method used to test the well: F Flowing P Pumping S Swabbing I Other method please write it in.	
46.	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	
47.	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	
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift MO/D/A/YR that this completion was first connected to a gas transporter	
14.	The permit number from the District approved C-129 for this completion	
15.	MO/D/A/YR of the C-129 approval for this completion	
16.	MO/D/A/YR of the expiration of C-129 approval for this completion	
17.	The gas or oil transporter's OGRID number	
18.	Name and address of the transporter of the product	
19.	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.	
20.	Product code from the following table: O Oil G Gas	
21.		

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 to the nearest whole barrel.
A request for allowable for 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:
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.
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:
F Flowing
P Pumping or other artificial lift
MO/D/A/YR that this completion was first connected to a gas transporter