

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

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

District III
1000 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 - 025-22499		⁵ Pool Name TEAGUE BLINEBRY	
⁷ Property Code 014898		⁸ Property Name C. E. LAMUNYON	
		³ Reason for Filing Code RT 3000 bbs Aug 1996	
		⁹ Well Number 58	

II. ¹⁰ Surface Location

UI or Lot. No. G	Section 28	Township 23S	Range 37E	Lot Idn.	Feet from the 2310'	North/South Line NORTH	Feet from the 1340'	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
¹² Lse Code F	¹³ Producing Code PF	Method	¹⁴ Gas Date	Connection	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 PIPELINE LTD. PARTNERSHIP, P. O. BOX 1660 MIDLAND, TX 79702	709610	O	
020809	SID RICHARDSON CARBON 201 MAIN ST., FORT WORTH, TX 76102	709630	G	

IV. Produced Water

²³ POD 709650	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

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

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	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:
8/27/96

Phone:
915-685-1961

OIL CONSERVATION DIVISION

Approved by:

Title:

Approved Date:

Aug 28 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

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

Ad

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 recompletion and this POD has no number the district office will assign a number and write it here.

24.

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

25.

MO/DAYR drilling commenced.

26.

MO/DAYR 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.

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.

34.

MO/DAYR that new oil was first produced.

35.

MO/DAYR that gas was first produced into a pipeline.

36.

MO/DAYR t

4.

The API number of this well.

5.

The name of the pool for this completion.

6.

The pool code for this pool.

7.

The property code for this completion.

8.

The property name (well name) for this completion.

9.

The well number for this completion.

10.

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.

11.

The bottom hole location of this completion.

12.

Lease code from the following table:

Federal

State

Fee

Jicarilla

Navajo

Ute Mountain Ute

Other Indian Tribe

13.

The producing method code from the following table:

F Flowing

P Pumping or other artificial lift

14.

MO/DAYR that this completion was first connected to a gas transporter.

15.

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

16.

MO/DAYR of the C-129 approval for this completion.

17.

MO/DAYR of the expiration of C-129 approval for this completion.

18.

The gas or oil transporter's OGRID number.

19.

Name and address of the transporter of the product.

20.

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.

21.

Product code from the following table:

O Oil

G Gas

1.

Operator's name and address.

2.

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

3.

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)

Report all gas volumes at 15,025 PSIA at 60".

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 re-completed 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.