

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 II
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

¹ Operator Name and Address ARCH PETROLEUM INC. 10 DESTA DRIVE, STE. 420E, MIDLAND TX 79705		² OGRID Number 000962	
⁴ API Number 30 - 025-11209		³ Reason for Filing Code RT - 4402 BBLS - MARCH, 1996	
⁵ Pool Name FOWLER, ABO		⁶ Pool Code 96455	
⁷ Property Code 014915		⁸ Property Name LILLIE	
		⁹ Well Number 2	

II. ¹⁰ Surface Location

UI or Lot. No. D	Section 23	Township 24S	Range 37E	Lot Idn.	Feet from the 684	North/South Line NORTH	Feet from the 568	East/West Line WEST	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 P	¹³ Producing Code F	Method	¹⁴ Gas Date 3-13-96	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 OPERATING LP P. O. BOX 1660, MIDLAND, TX 79702	718310	O	
020809	SID RICHARDSON CARBON 201MAIN ST,STE.2300 FT.WORTH,TX76102	718330	G	

IV. Produced Water

²³ POD 718350	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

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:
3-12-96

Phone:
915-685-1961

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title:

Approved Date:

MAR 19 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

Report all gas volume at 15.025 PSIA at 60°

Report all oil volume at the nearest whole barrel.

A request for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 17.1.

All sections of this form must be filled out for allowable requests on new and recompleting 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 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 Pumping or other artificial lift

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

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

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

MO/D/A/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 this 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/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 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/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.

Shut-in tubing pressure - gas 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:

Flowing

Pumping

S Swabbing

If 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

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.

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The pool code for this pool

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