Submit 5 Copies Appropriate District Office **DISTRICT 1** P. O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P. O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator Arch Petroleum Inc.					Well API No. 30 - 025-11210						
Address 777 Taylor St., Penthouse II-A	E4 Worth !	Clark To	E+ V	о 46 ту	7/100		1.	JU - U25-11215			
Reason (s) for Filling (check proper box)	, Ft. Worth	Club 10	wer, rt. v	ortn, 1A		nei (Please ex	xplain)				
New Well	Chan	nge in Trans				FECTIVE	- '	1. 1994			
Recompletion Change in Operator	Oil		Dry C			_		.,			
Change in Operator X	Casinghead Ga	LS .	Conac	ensate							
If change of operator give name and address of previous operator	Chevron U		c., P. O. B	<u>Jox 1150,N</u>	1idland, T	X 79702)				
II. DESCRIPTION OF WELL	AND LEASE										
Lease Name		Well No.	Pool Name	e, Including F	ormation		1	Kind of Lease	Lea	ise No.	
Plains-Knight	-	3	Fow	ler Upper	Paddock (1080 St	tate, Federal or Fee				
Location									1		
Unit LetterL	:	1980	_Feet From T	The <u>Sout</u>	.hLine	e and	760	Feet From The	West	_Line	
Section 23 Township	248	Range	37E		, NI	МРМ,	L	.ea	Cou	inty	
III. DESIGNATION OF TRAN	SPORTER (TURAL G	AS						
Name of Authorized Transporter of Oil		or Conden		Add		ve address to	which app	proved copy of this fo	orm is to be:	sent)	
			<u> </u>	」							
Name of Authorized Transporter of Casingle Sid Richardson C: rbon	head Gas	30809	Ly Gas	Add	ress (Giv	ve address to	which app	proved copy of this fo	rm is to be:	sent)	
If well produces oil or liquids,	Unit U	Sec.	Twp. Rs	ge. Is gas	actually conn	201	1 Main St	t., Ste. 2300, Ft. V	Worth, T	X 76102	
give location of tanks.			Tab.	3 ^c .		letieu :	When .				
Test : fraction is commissed with that f				 _	Yes		_L	Unknown			
If this production is commingled with that f IV. COMPLETION DATA	rom any other rea	ase or poot,	, give commu	ngling order r	number:						
		Oil Well	Gas Well	New Well	l Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion		<u>L</u>				2 F			Din Res .	_	
Date Spudded	Date Compl. Re			Total Dep			P. B. T. D).			
Elevations (DF, RKB, RT, GR, etc.)	icing Forma	ition	Top Oil/G	as Pay		Tubing D	Pepth				
Peforations	<u> </u>				***************************************		Depth Ca	asin; g			
	TU	BING, CA	ASING AND	CEMENTI	NG RECORD						
HOLE SIZE	CASING	& TUBING	G SIZE	CENTE	DEPTH SET		Τ	SACKS CE	MENT		
	 						1			<u> </u>	
							+				
TO THE PROPERTY OF THE PROPERT							1				
V. TEST DATA AND REQUES OIL WELL (Test must be after re				**	. 14.						
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	olume oj w	rad ou anu mu	Producing	Method	P allowable	for this dep	oth or be for full 24 h	iours)		
Length of Test	Talina Dracella					(4 , ,	-				
	Tubing Pressure	; ———		Casing Pre	:ssure		Choke Siz	ze			
ctual Prod. During Test	Oil - Bbls.			Water - Bl	ols.		Gas - MC	F			
GAS WELL	<u> </u>						<u> </u>				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Con	Bbls. Condensate/MMCF			of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure	(Shut - in))	Casing Pre	Casing Pressure (Shut - in)			Choke Size			
	<u> </u>	<u> </u>					Chone	Le			
I hereby certify that the rules and regulati	falso Oil C	سماله			OI!	. OONG					
Division have been complied with and the					Oi.	L CONS	3EKVA	TION DIVIS			
is true and complete to the best of my known	owledge and beli	ef.	we	Date	Approve	hc		APR 051	1994		
_ Rick Vandersly	% -				wh.c.	,u					
Signature Vaudensly	<u>e</u>			Ву	001/		BV				
Rick Vanderslice	Oper	. Mgr.		Title				JERRY SEXTON	Į		
Printed Name	Title					DISTRIC	ul I 30ri	ERAISOR			
3/31/94	(915)	685-1961								l	

Telephone No 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
- 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.

blank

Submit 5 Copies
Appropriate District Office
DISTRICT I
F.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instruction

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

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

I.	HEC					AUTHOR					
Operator	 -	1011	ANSF	OHIU	IL AND IN	ATURAL G		API No.			
Chevron U.S.A., Inc.								-025-1121	0		
Address P.O. Box 1150	Midland, 1	TX 7970	2								
Reason(s) for Filing (Check proper	box)				Ot	her (Please exp	lair)				
New Well		Change in									
Recompletion	Oil Carinah	ead Gas 🔲	Dry G								
If change of operator give name and address of previous operator	Callingia	esc Oas	CORRE	COMICE							
II. DESCRIPTION OF WI	TI AND II	FACE									
Lease Name	ALL AND LE	Well No.	Pool N	Name, Includ	ling Formation			of Lease	1	ease No.	
Plains Knight		3 Fowler Up			r Paddock	<u> </u>	State	, Federal or Fee	_		
Location Unit Letter L	. 1980			rom The S	outh	760	_		W		
20	i				Lit	ne and	F	eet From The V	vest	Line	
Section 23 To	wnship	245	Range	37E	,N	MPM,	·	Lea		County	
III. DESIGNATION OF T	RANSPORT			ID NATU							
none		or Conden	ENIC		Address (Gir	ve address to wi	hich approve	d copy of this for	m is to be se	tni)	
Name of Authorized Transporter of Sid Richardson Carbon &	Casinghead Gas		or Dry	Gas X	Address (Gir	ve address to wi	rich approve	d copy of this for	m is to be se	int)	
If well produces oil or liquids,	Unit					Main St., y connected?	Suite 300	00, Ft. Worth, TX 76102			
give location of tanks.		1		i		Yes	When		nown		
If this production is commingled with IV. COMPLETION DATA	that from any ot	her lease or p	pool, giv	ve comming	ling order num	ber:					
Designate Type of Comple	tion - (X)	Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back S	same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	I	<u> </u>	P.B.T.D.		<u> </u>	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
erforations								Depth Casing Shoe			
								Dopai Casing	xxc		
HOLE SIZE		SING & TUI				NG RECORI	D	· · · · · · · · · · · · · · · · · · ·			
		311G & 101	51110	DIZE		DEPTH SET		SA	CKS CEME	:NT	
						- ,,, 		 			
											
V. TEST DATA AND REQU	JEST FOR A	LLOWA	BLE								
OIL WELL (Test must be aft	er recovery of to	tal volume oj	f load o	il and must	be equal to or	exceed top allo	vable for this	depth or be for	full 24 hours	e)	
Date First New Oil Run To Tank	Date of Te	4			Producing Me	thod (Flow, pur	φ, gas lift, e	(c.)	,		
ength of Test	Tubing Pres	esurc			Casing Pressur	re		Choke Size		····	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls			Gas- MCF		
								OM- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	csi			Bbls. Condens	ate/MMCF		Gravity of Cond	iensaie		
osting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				e (Shut-in)		Choke Size			
T ODER ATOR CERT											
I. OPERATOR CERTIF	CATE OF	COMPL	IAN	CE	0	II CONG	SEDVA	TION DI	1/10101	. 1	
Division have been complied with a	nd that the inform	nation given	above			IL CON	DENVA	ID NOIT. L NAL	VISION	4	
is true and complete to the best of m	iy knowledge and	belief.			Date A	Approved		ן ווחש	o 92		
O.K. Rinlow						-PPI U46U					
Signature K Piplow		T			Ву	Oricii a c		C JERRY SEX	-		
J. K. Ripley Printed Name		Tech As	sista ue	nt		و و السائد و حيا	ectisu.	C JERRY SEX PERVISOR	TOM		
11/21/91 Date		(915)68	7-714	48	Title_					 	
		Telenho	ane Nin	- 11							

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