State of New Mexico

Energy, Minerals and Natural Resources Departmen

Submit 5 Copies
Appropriate District Office
DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

## OIL CONSERVATION DIVISION

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

DISTRICT II

P. O. Box 2088

P. O. Drawer DD, Artesia, NM 88210

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

I. Operator								Well	API No.	<del> </del>			
Arch Petroleum Inc.						30 - 025-12318							
Address 777 Taylor St., Penthouse II-A, Ft. Worth Club Tower, Ft. Worth, TX 76102													
Reason (s) for Filling (check proper box)  New Well  Change in Transporter of:  X  Other (Please explain)  EFFECTIVE APRIL 1, 1994													
Recompletion Oil Dry Gas													
Change in Operator X Casinghead Gas Condensate													
If change of operator give name and address of previous operator  Chevron U.S.A., Inc., P. O. Box 1150, Midland, TX 79702													
II. DESCRIPTION OF WELL AND LEASE													
Lease Name					cluding Formation			Kind of Lease No State, Federal or Fee			lo.		
West Dollarhide Devonian Unit	109 Dollarh				ide Devonian 18050			State,	reutral of Fee	L			
Location 33E;													
Unit Letter P	_ :	0660	Feet From	n The	South	Line :		-	Feet From The	<u>East</u> Li	ne		
Section 32 Township	245	Range	38]	E		, NMI	PM,	Lea		County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil	e of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
WI		<del>-</del>			<del></del>		-44	uliat	ad again af all in C	is 4s l	•1		
Name of Authorized Transporter of Casinghead Gas or Dy Gas Give address to which approved copy of this form is to be sent)											1)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge. Is gas actually connected?				When?						
If this production is commingled with that from any other lease or pool, give commingling order number:													
IV. COMPLETION DATA	<u></u>	Oil Well	Gas W	ell I	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v			
Designate Type of Completion							Dechen		Tano Ros V				
Date Spudded Date Compl. Ready to Prod.					Total Depth			P. B. T. D.	P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth					
Peforations									Depth Casin; g				
TUBING, CASING AND CE													
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT						
V. TEST DATA AND REQUEST FOR ALLOWABLE  (IL 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)													
						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF					
GAS WELL	L			<u>l</u>				·•					
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size					
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knewledge and belief.					Date Approved				400 AF	4001			
Rick Vandenslice					By APR 0 5 1991								
Signature					ORIGINAL SIGNED BY JERRY SEXTON								
Rick Vanderslice Oper. Mgr.					Title			DISTRICT I	SUPERVISO	R			
Printed Name	Title (915		ı										
3/31/94 (915)685-1961 Date 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 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.