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

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

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

Energy, Minerals and Natural Resources Department - .

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

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 - 025-21684			
Address 777 Taylor St., Penthouse II-A	Ft Worth (	^lub Tov	ver Et Wo	rth TY	76102	<del></del>				
Reason (s) for Filling (check proper box)	, I to Troitin	JIUD I OV	101,11. 110	111, 17		eı (Please exp	lain)			
New Well	Chan	aa in Tmas	nomar of					004		
Recompletion	Change in Transporter of: EFFECTIVE APRIL 1, 1994 Oil Dry Gas									
Change in Operator X	Casinghead Ga	ıs	Condens							
If change of operator give name and address of previous operator	Chevron U.	S.A., Inc	c., P. O. Bo	c 1150.Mi	idland. T	X 79702				
II. DESCRIPTION OF WELL	_		.,		·	· · · · · ·				
Lease Name	AND DEASE	Well No.	Pool Name, I	ncluding For	mation		Kind	of Lease	Lease No.	
								, Federal or Fee	Lease No.	
Lillie		4	Fowle	r UpperY	eso 🗷	16680			<u> </u>	
Location										
Unit Letter F	:	1880	Feet From The	North	Lin	e and	1830	_Feet From The	West Line	
Section 23 Township	24S	Range	37E		, NI	мрм,	Lea		County	
III. DESIGNATION OF TRAN	SPORTER (	OF OIL A	AND NATU	RAL GA						
Name of Authorized Transporter of Oil		or Conden	sate	Addr	ess (Gi	ve address to	which appro	ed copy of this f	orm is to be sent)	
Shell Pipeline Cor		12066	_/~ [_]			ъ о	D 0/40	TT 4 70157		
Name of Authorized Transporter of Casingle	head Gas I		y Ģas	Addn	ec (Gi	P. U.	BOX 2648	Houston, TX	orm is to be sent)	
Sid Richardson Carbon	7	2080	33 -	_   \\	C35 (U1				Worth, TX 76102	
If well produces oil or liquids,	Unit		Twp. Rge.	ls gas a	actually con		When?	2000, 11.	,, o, th, 171 70102	
give location of tanks.					Yes			Unknown		
If this production is commingled with that f	from any other le	ase or pool	give comming	ling order -			<u> </u>	Unknown		
IV. COMPLETION DATA	Tolli aliy oulei le	ase of poor,	, give comming	img order ni	ımber:					
TV. COMIDETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)									
Date Spudded	Date Compl. Ready to Prod.			Total Depti	h		P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Forma	tion	Top Oil/Ga	s Pay		Tubing Depth			
Peforations							Depth Casin; g			
	Tī	IRING CA	SINC AND C	EMENTIN	C DECODI	`	l		····	
HOLE SIZE				CEMENTING RECORD DEPTH SET			· · · · · ·	SACKS CI	CMENT	
11000 0000	CASING & TUBING SIZE			<del>                                     </del>	DEI III SE		SACKS CEMENT			
V TEST DATA AND DECLIES	TE EOD ALL	OWA DI		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after r				t ha aqual ta	or avoined t	on allowable	famalia damal	1 - 5 6 1124		
Date First New Oil Run To Tank	Date of Test	ourne of to	da on una mus	Producing			o, gas lift, etc		nours)	
Length of Test	Tubing Pressure	e		Casing Pre	ssure		Choke Size			
Actual Prod During Test	Oil - Bbls.			Water - Bb	ls.		Gas - MCF			
	<u> </u>	·	· · · · · ·		·		- MCI			
GAS WELL	<u></u>							· -	-	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Cond	ensate/MM(	CF	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 regulat					Ol	L CONS		ION DIVIS		
Division have been complied with and that the information given above					Date Approved APR 0 4 1994					
is true and complete to the best of my knowledge and belief.					Date Approved					
Rick Vanderslice					By Orig. Signed by					
Signature					Paul Kautz					
Rick Vanderslice Oper. Mgr.					Title Geologist					
Printed Name	Title			I						

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.

(915)685-1961

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

blank

3/31/94

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	REQUES	r for	ALLOV	VA	BLE AND	AUTHOR	IZATIOI	N.				
I. Operator	TOT	RANS	SPORT	OI	L AND NA	TURAL G	AS	•				
Chevron U.S.A., Ir	Chevron U.S.A., Inc.							I API No. 0-025-21684				
Address P.O. Box 1150 N	fidland, TX 79	702										
Reason(s) for Filing (Check proper box,	)			_	Ou	her (Please exp	lain)					
New Well			sporter of:	_		•	•					
Recompletion	Oil	•	Gas L	_								
If change of operator give name and address of previous operator	Casinghead Gas	∠ Con	densate				· <del></del>	<del></del>	<del></del>			
II. DESCRIPTION OF WELI	. AND I FASE	·· <del>·</del>					· <u> </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>		
Lease Name	71. (1)							d of Lease	<del>, ,</del>			
Lillie	4 Fowler Upp				-		Stat Fee	e, Federal or Fee	, Federal or Fee			
Unit Letter F	: 1880	Feet	From The	No	orth Lin	e and 1870		Feet From The We	st	Line		
Section 23 Towns	nip 24S	Rang	ge 37E		. N	МРМ.		Lea	lea a			
III DECICNATION OF TRAI	VCDODWCD OF						<del></del>			County		
III. DESIGNATION OF TRAINAME of Authorized Transporter of Oil	NSPURIER OF Or Cor	OIL A	ND NAT	rui	Address (Giv	e address to wh	nich approve	ed copy of this form	is to be s	ent)		
Name of Authorized Transporter of Casil Sid Richardson Carbon & Gi	The same of the sa							ed copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	.   R	ge.						6102		
f this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool,	give commi	ngli			l	Unkno	own			
	Oil W	/eli	Gas Well		New Well	Workover '	Deepen	Plug Back Sam	Dash.	Dier Beste		
Designate Type of Completion  Date Spudded	` ′	j		_			L	1 ring Dack  Sain	E KES V	Diff Res'v		
	Date Compl. Read	y to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas I	ay		Tubing Depth	Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe				
	TIRIN	G CAS	ING AN	D (	TMENTIN	IC PECOPI						
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DEPTH SET	<del>-</del>	SACH	SACKS CEMENT			
		O. O						SAORS CEMENT				
				_		·	····					
. TEST DATA AND REQUES					<del></del>		<del> </del>	<u> </u>	<del></del>	<del></del>		
IL WELL (Test must be after r late First New Oil Run To Tank	ecovery of total volum	re of load	oil and mu			exceed top allow hod (Flow, pun			1 24 hour.	s.)		
	Date of lest				LICHICITIS ME	поц ( <i>r tow, <b>рин</b></i>	·φ, gas tyt, i	eic.)				
ength of Test	Tubing Pressure	Tubing Pressure				e	<del>"</del>	Choke Size				
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>								<del></del>			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condens	te/MMCF		Gravity of Conder	Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			١,		78Lm != \						
sting Method (paor, oack pr.)	Thomg Fressure (Sn	um)			Casing Pressure	e (Shut-in)		Choke Size				
I. OPERATOR CERTIFIC.  I hereby certify that the rules and regula  Division have been complied with and to is true and complete to the best of my kn	tions of the Oil Cons hat the information gi	rvation				IL CONS		ATION DIV JAN 1	'ISIOI 3 '92	N		
Signature Signature			<del></del>		Ву	ORIGIN	AL SIGAI	n ny ira				
J. K. Ripley	Tech	Assist	tant	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Printed Name Title 12/27/91 (915)687-7148					Title							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

(915)687-7148

Telephone No.

- 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.