State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I

<u>DISTRICT II</u>

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 III 1000 Rio Brazos Rd., Aztec, NM 87410

P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator A reh Petroloum Inc										Well API No.			
Arch Petroleum Inc. Address									30 - 025-22673				
777 Taylor St., Penthouse II-A Reason (s) for Filling (check proper box)	., Ft. Worth	Club Tox	wer, Ft. V	<u>Wortl</u>		6102		·					
New Well	Chai	nge in Trans	norter of		Ŀ			(Please ex ECTIVE	•	1 1004			
Recompletion	Oil			Gas			rat. I. I	ECIIVE	AFKIL	1, 1994			
Change in Operator X	Casinghead G	as	Con	densate	e 🔲								
If change of operator give name and address of previous operator	Chevron U	J.S.A., In	c., P. O.	Box 1	1150,Mic	lland,	TX	79702					
II. DESCRIPTION OF WELL	AND LEASI	E											
Lease Name	Well No. Pool Name, Including Formation									Kind of Lease	Lease No.		
Bertha	2 Fowler Upper Yeso 20080									State, Federal or Fee			
Location		-			оррек х	<u> </u>	U 196	ال رحود		*	L		
Unit LetterM	:	0510	Feet From	The	South	I	Line a	ınd	660	Feet From The	West_ Line		
Section 23 Township	248	Range	37E	i r		,	NMP	M,		Lea	County		
III. DESIGNATION OF TRAN	SPORTER (OF OIL A	AND NA	TUR.	AL GAS	 !							
Name of Authorized Transporter of Oil		or Conder	isate		Addres		Give	address to	which ap	pproved copy of this fo	orm is to be sent)		
Shell Pipeline Cor CGOGO7 P. O.								. Box 2648, Houston, TX 77252					
Name of Authorized Transporter of Casing Sid Richardson C: rbon	head Gas	02080	y Gas		Addres	s (Give	address to	which ap	proved copy of this fo	orm is to be sent)		
If well produces oil or liquids,	Unit			Rge.	Is gas ac	tually c	onnec	201	Main When	St., Ste. 2300, Ft.	Worth, TX 76102		
give location of tanks.				Ü		'es	•		Which				
If this production is commingled with that it	from any other le	ase or pool,	give comm	ningling			-		1	Unknown			
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Well	Gas Wel	II N	ew Well	Workov	ver	Deepen	Plugba	k Same Res'v	Diff Res'v		
Date Spudded	Date Compl. R	eady to Proc	d.	To	otal Depth				P. B. T.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay					Tubing Depth			
Peforations					Top on, out I by				<u> </u>				
									Depth Casin; g				
HOLE SIZE	D CEM	EMENTING RECORD											
TOOLS OILL	HOLE SIZE CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT			
		······································											
V. TEST DATA AND REQUES											······································		
OIL WELL (Test must be after r. Date First New Oil Run To Tank	nust be	st be equal to or exceed top allowable for this depth or be for full 24 hours)											
	Date of Test	Pre	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure				Choke S	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas - MCF				
GAS WELL	<u> </u>								<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test	Bb	Bbls. Condensate/MMCF				Gravity of Condensate						
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				C				<u> </u>				
(риол, оден рт сая.)	r doing r lessure (Shill - In)				Casing Pressure (Shut - in)				Choke S	Choke Size			
I hereby certify that the rules and regulati	ions of the Oil C	onservation				c	DIL	CONS	ERV	ATION DIVIS	ION		
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved APR 0 5 1994								
Kick Vandershi	<u></u>			1	Ву _		_						
Signature Rick Vanderslice						ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name	Oper. Mgr.				Title _			DIS	TRICT	SUPERVISOR			
3/31/94	Title (915)	685-1961											
Date		ephone 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.

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 Instruction at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30-025-22673 Address P.O. Box 1150 Midland, TX 79702 Reason(s) for Filing (Check proper box) Other (Please explain) П New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. Bertha Fowler Upper Yeso Location Unit Letter M Feet From The South Line and 660 Feet From The West Line 245 Range 37E Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate \square ele Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline 201 Main St., Suite 3000, Ft. Worth, TX 76102 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? ive location of tanks. Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: PLC-87 IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure **Tubing Pressure** Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

J. K. Ripley **Tech Assistant** Printed Name Title

12/27/91 (915)687-7148 Telephone No.

OIL CONSERVATION DIVISION

JAN 13'92 Date Approved ___

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title_

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Date

RECEIVED

JAN 1 0 1992

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