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

Submit 5 Copies Appropriate District Office DISTRICTI

OIL CONSERVATION DIVISION

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

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I								107,11	API No.		
Operator Arch Petroleum Inc.						1				025-25790	
Address 777 Taylor St., Penthouse II-A,	Ft. Worth C	lub Tow	er, Ft	. Wort	h, TX 7	6102					
Reason (s) for Filling (check proper box) X Other (Please explain)											
New Well Recompletion	w Well										
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											
Lease Name				annila			of Lease , Federal or Fee	Lease No.			
C. D. Woolworth	5 Langlie Mattix 37.240										
Location					_		_		.	\$\$74 ¥ .	
Unit Letter M	:	0660	Feet Fr	om The	South	Line a	and	660	Feet From The	West Line	
Section 30 Township	24S	Range		37E		, NMI	PM,	Lea	- · 	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Scurtock											
The Permian Corp Name of Authorized Transporter of Casingh	ead Gas	Gas OTO y Gas Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ste. 2300, Ft. Worth, TX 76								orm is to be sent)	
Sid Richardson Carbon			7	Des	<u> </u>	ctually conne	201			Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas a	·	ricu (when ;	W1 1		
Yes Unknown											
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
	(V)	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	. <u>,</u>		P. B. T. D.	I		
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Peforations									Depth Casin; g		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALI	LOWAB	LE		<u></u>						
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	volume of l	oad oil	and musi	be equal to	or exceed to Method	p allowable (Flow. num	for this deptl p, gas lift, et	n or be for full 24 c.)	hours)	
							,, pun		·		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF			
GAS WELL					Inu. C		10	Consider of	Condensate		
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			
l hereby certify that the rules and regula	tions of the Oil	Conservation	on			OI	L CONS	SERVA	TION DIVI	SION	
Division have been complied with and that the information given above					ADD 0 K 4001						
is true and complete to the best of my knowledge and belief.						Approve	ea		WLIV O	 	
Kuck Vanderslese					Ву			·			
Signature Rick Vanderslice	Oper. Mgr.				Title ORIGINAL SIGNED BY JERRY SEXTON DISTRICT + SUPERVISOR						
Printed Name	Title	=	(1				וכוע	KICI 130	, anvious		
3/31/94 Date		5)685-196 elephone N		•							

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.