State of New Mexico

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 Departme

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.								I .	Well API No. 30 - 025-25966		
Address 777 Taylor St., Penthouse II-A,	, Ft. Worth C	lub Tov	ver, Ft	. Wor	th, TX	76102					
Reason (s) for Filling (check proper box)							(Please exp	olain)			
New Well	Chang	e in Trans	porter of	:		EFF	ECTIVE	APRIL 1,	1994		
Recompletion Oil Dry Gas											
Change in Operator X	Casinghead Gas		С	ondensa	ate						
If change of operator give name and address of previous operator	Chevron U.	S.A., Inc	c., P. C). Box	1150,M	idland, TX	79702				
II. DESCRIPTION OF WELL A	AND LEASE	Well No.						_			
Lease Name		ame, In	cluding Fo				Kind of Lease Lease No. State, Federal or Fee				
Arnott Ramsay (NCT-E)	10 Langlie Mattix 37240										
Location											
Unit Letter H	: <u>1</u>	1980	Feet Fro	m The	North	<u>Line</u>	and	660	Feet From The	East Line	
Section 16 Township	25S	Range	3′	7E		, NM	PM,	Le	a	County	
Name of Authorized Transporter of Oil				ATU			add=====	which are	and semi-fati f		
Scill-lock						Address (Give address to which approved copy of this form is to be sent)					
The Permian Corl Name of Authorized Transporter of Casingle			y Gas		Addre	ess (Give			9, Midland, TX oved copy of this fo		
Sid Richardson Carbon	0.30	P09 -	•				201	Main St.		Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	actually conne	ected ?	When?			
						Yes		1	Unknown		
If this production is commingled with that f IV. COMPLETION DATA	rom any other lea	ise or pool,	, give coi	mmınglı	ing order ni	ımber:					
	(V)	Oil Well	Gas V	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Re	ady to Pro	d.		Total Depti	<u> </u> h		P. B. T. D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Peforations								Denth Cas	Depth Casin; g		
	Try	DING GA	ODIC	ND CE	DATE NOTE !	G BEGORD		Jopin ous			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
	 										
V. TEST DATA AND REQUES	T FOR ALL	OWABI	LE					<u> </u>			
OIL WELL (Test must be after re	ecovery of total ve			nd must	be equal to	or exceed top	allowable,	for this dep	th 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	Tubing Pressure				Casing Pressure			Choke Siz	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF				
GAS WELL	1 -										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Siz	Choke Size		
	<u> </u>		•								
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 knowledge and belief.					Date Approved APR 0 5 1994						
Rick Vanduslice						~Phi046	—			·	
	<u> </u>			1	Ву		ANAIS	<u>(8) 21281</u>	בא סט ובמחש	CEYTON	
Signature Rick Vanderslice Oper. Mgr.					ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT SUPERVISOR						
Printed Name	Title	605 1071									
3/31/94	(915)	685-1961									

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.