State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Departmer

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

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

1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l. Operator							Well API No.		
Arch Petroleum Inc.							025-28798		
Address 777 Taylor St., Penthouse II-A, F	t. Worth Club	Tower, Ft. Wo	orth, TX 7	6102					
Reason (s) for Filling (check proper box)									
New Well	_	ransporter of:		EFFE	ECTIVE A	PRIL 1, 19	194		
Recompletion	Dil	Dry Ga Conde	<del></del>						
Change in operator	Casinghead Gas	Conde	isate						
If change of operator give name and address of previous operator	Chevron U.S.A.	., Inc., P. O. Be	ox 1150,Mid	lland, TX	79702				
II. DESCRIPTION OF WELL AT	ND LEASE		T. J. J T	ation.		Kind	of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including Formation						Federal or Fee		
C. D. Woolworth	77	Lang	lie Mattix	3724	10				
Location									
Unit LetterJ	:1980	Feet From T	he South	Line a	und	1980	Feet From The	East Line	
Section 30 Township	24S R	ange 37E		, NMI	PM,	Lea		County	
III. DESIGNATION OF TRANS	PORTER OF C	IL AND NAT	URAL GAS	<u> </u>					
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be settly									
P. O. Box 3119, Midland, TX 79702								79702	
Line Permian Cor Authorized Transporter of Casinghead Gas or Dy Gas Address (Give address to which approved copy of this form is to be sent)								orm is to be sent) Worth TX 76102	
Sid Richardson C: rbon	Unit Sec	209 . Twp. R	ge. Is gas a	ctually conne		When?	Jic. #JUU, Ft.	1. O. tu, 17. 70102	
If well produces oil or liquids, give location of tanks.	Juli Sec	. I who		is gus docume, voice					
Yes						Unknown			
If this production is commingled with that from	om any other lease o	r pool, give commi	ngling order nu	mber:					
IV. COMPLETION DATA	To	Well Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion -		Wen   Gas wen							
Date Spudded Date Compl. Ready to Prod.				Total Depth P.			P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Peforations		De			Depth Casin; g				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & T		DEPTH SET			SACKS CEMENT			
THE PART AND PROVIEW	TEODALLOY	WADIE				<u> </u>		<u> </u>	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	rok ALLOV ecovery of total volu	me of load oil and i	must be equal to	or exceed to	p allowable	for this dept	h or be for full 24	hours)	
Date First New Oil Run To Tank	Date of Test			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 Pre	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bl	Water - Bbls.			Gas - MCF			
GAS WELL						10			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Con	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (S	Casing Pr	Casing Pressure (Shut - in)		Choke Siz	Choke Size			
	tions of the Oil Com-	cervation		Ol	L CON	SERVA	TION DIVI	ISION	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above							APR 0 5 1994		
is true and complete to the best of my knowledge and belief.				Date Approved APR V 3 1937					
Rick Vandusli	e e		Ву						
Signature				ORIGINAL SIGNED BY JERRY SEXTON					
Rick Vanderslice Oper. Mgr.				e		DISTRICT I	SUPERVISO	<u> </u>	
Printed Name	Title (915)68	35-1961							
3/31/94		hone 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.