

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Arch Petroleum Inc. 10 Desta Drive, Suite 420E Midland, Texas 79705		² OGRID Number 000962
⁴ API Number 30 - 025-33088		³ Reason for Filing Code THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. NW
⁷ Property Code 014923	⁵ Pool Name FOWLER, ABO Fowler Abo R-10588	⁶ Pool Code 96455
⁸ Property Name PLAINS KNIGHT		⁹ Well Number 4

II. ¹⁰ Surface Location

Ul or Lot. No. K	Section 23	Township 24S	Range 37E	Lot Idn.	Feet from the 2080	North/South Line SOUTH	Feet from the 1650	East/West Line WEST	County LEA
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¹¹ Bottom Hole Location

Ul or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
P									
¹² Lse Code P	¹³ Producing Code F	¹⁴ Gas Date 1/18/96	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
007440	EOTT Energy Pipeline Limited Partnership P. O. Box 1660 Midland, TX 79702	712410	O	
020809	Sid Richardson Gasoline Company 201 Main Street, Suite 2300 Fort Worth, TX 76102	712430	G	

IV. Produced Water

²³ POD 712450	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 11/5/95	²⁶ Ready Date 12/2/95	²⁷ TD 6498'	²⁸ PBDT 6241'	²⁹ Perforations 6274'-6387'
³⁰ Hole Size 12-1/4"	³¹ Casing & Tubing Size 8-5/8"	³² Depth Set 1027'	³³ Sacks Cement 600 sx. Circ. 130 sx.	
7-7/8"	5-1/2"	6500'	1950 sx. Circ. 108 sx.	

VI. Well Test Data

³⁴ Date New Oil 12/2/95	³⁵ Gas Delivery Date 1/18/96	³⁶ Test Date 1/24/96	³⁷ Test Length 24	³⁸ Tbg. Pressure 730#	³⁹ Csg. Pressure 0
⁴⁰ Choke Size 13/48"	⁴¹ Oil 91	⁴² Water 0	⁴³ Gas 173	⁴⁴ AOF	⁴⁵ Test Method F

⁴⁶ I hereby certify that the rules 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.

Signature: *Bobbie Brooks*

Printed Name:
BOBBIE BROOKS

Title:
PRODUCTION ANALYST

Date:
February 6, 1996

Phone:
915-685-1961

OIL CONSERVATION DIVISION
Approved by: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title:
Approved Date: FEB 08 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT	Ad	22.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
Report all gas volumes at 15.025 PSIA at 60". Report all oil volumes to the nearest whole barrel.		23.	The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
All sections of this form must be filled out for allowable requests on new and recompleted wells.		24.	The ULSTR location of this POD is it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.		25.	MO/DA/YR drilling commenced.
A separate C-104 must be filed for each pool in a multiple completion.		26.	MO/DA/YR this completion was ready to produce.
Improperly filled out or incomplete forms may be returned to operators unapproved.		27.	Total vertical depth of the well.
1. Operator's name and address.		28.	Plugback vertical depth.
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.		29.	Top and bottom perforation in this completion or casing shoe and TD if openhole.
3. Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume requested)		30.	Inside diameter of the well bore.
		31.	Outside diameter of the casing and tubing.
		32.	Depth of casing and tubing. If a casing liner show top and bottom.
		33.	Number of sacks of cement used per casing string.
			The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
		34.	MO/DA/YR that new oil was first produced.
		35.	MO/DA/YR that gas was first produced into a pipeline.
		36.	MO/DA/YR that the following test was completed.
		37.	Length in hours of the test.
		38.	Flowing tubing pressure - oil wells.
		39.	Flowing casing pressure - oil wells.
		40.	Diameter of the choke used in the test.
		41.	Barrels of oil produced during the test.
		42.	Barrels of water produced during the test.
		43.	MCF of gas produced during the test.
		44.	Gas well calculated absolute open flow in MCF/D.
		45.	The method used to test the well.
			F Flowing P Pumping S Swabbing If other method please write it in.
		46.	The signature, printed name and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report.
		47.	The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person.
		13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift MO/DA/YR that this completion was first connected to a gas transporter.
		14.	MO/DA/YR that this completion was first connected to a gas transporter.
		15.	The permit number from the District approved C-129 for this completion.
		16.	MO/DA/YR of the C-129 approval for this completion.
		17.	MO/DA/YR of the expiration of C-129 approval for this completion.
		18.	The gas or oil transporter's OGRID number.
		19.	Name and address of the transporter of the product.
		20.	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
		21.	Product code from the following table: O Oil G Gas