

District II
PO Drawer DD, Artesia, NM 88211-0719

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

Instruction on back
Submit to Appropriate District Office
5 Copies

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
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	
		³ Reason for Filing Code RT - 4402 bbs Jan 1996	
⁴ API Number 30 - 025-33088	⁵ Pool Name FOWLER, ABO	⁶ Pool Code 96455	
⁷ Property Code 014923	⁸ Property Name PLAINS KNIGHT	⁹ Well Number #4	

II. ¹⁰ Surface Location

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

¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code P	¹³ Producing Code	Method	¹⁴ Gas Date	Connection	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 PBD 6241'	²⁹ Perforations 6274'-6387'
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

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: Bonnie Brooks

Printed Name:
BOBBIE BROOKS

Title:
PRODUCTION ANALYST

Date:
January 16, 1996

Phone:
915-685-1961

OIL CONSERVATION DIVISION

Approved by: **ORIGINAL SIGNED BY JERRY SEXTON**
DIRECTOR SUPERVISOR

Title:

Approved Date: _____

FEB 05 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
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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be
accompanied by a tabulation of the deviation tests conducted in
accordance with Rule 111.

All sections of this form must be filled out for allowable requests on
new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for
changes of operator, property name, well number, transporter, or
other well changes.

A separate C-104 must be filled for each pool in a multiple
completion.

Improperly filled out or incomplete forms may be returned to
operator's name and address.

Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.

Reason for filling 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)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the
United States government survey designates a Lot Number
for this location use that number in the "UL or lot no." box.
Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
Fes Federal
Jcarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

The producing method code from the following table:

P Pumping
F Flowing
Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this
completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

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.

Product code from the following table:

G Gas
O Oil
G Gas

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.)

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.

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 Water Tank", "Jones CPD Water
Tank", etc.)

MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing
shoe and TD if openhole

Inside diameter of the well bore

Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner show top and
bottom.

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.

MO/DA/YR that new oil was first produced

MO/DA/YR that gas was first produced into a pipeline

MO/DA/YR that the following test was completed

Length in hours of the test

Flowing tubing pressure - oil wells

Shut-in tubing pressure - gas wells

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Diameter of the choke used in the test

Barrels of oil produced during the test

Barrels of water produced during the test

MCF of gas produced during the test

Gas well calculated absolute open flow in MCF/D

The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in:

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

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