

District I
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

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

OIL CONSERVATION DIVISION

Instruction on back
Submit to Appropriate District Office

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

PO Box 2088
Santa Fe, NM 87504-2088

5 Copies

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, STE. 420E, MIDLAND TX 79705		² OGRID Number 000962
		³ Reason for Filing Code RT - 3210 <i>bs</i> <i>June 1997</i>
⁴ API Number 30 - 025-33549	⁵ Pool Name FOWLER TUBB, SOUTH	⁶ Pool Code 26635
⁷ Property Code 14897	⁸ Property Name BERTHA	⁹ Well Number 5

II. ¹⁰ Surface Location

UI or Lot. No. M	Section 23	Township 24S	Range 37E	Lot Idn.	Feet from the 800	North/South Line SOUTH	Feet the 990	from East/West Line WEST	County LEA
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¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet the	from East/West Line	County
¹² Lse Code P	¹³ Producing Code F	Method F	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 Operating 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	²⁶ Ready Date	²⁷ TD	²⁸ PBDT	²⁹ Perforations
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 24 HRS.	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: <i>Bobbie Brooks</i>		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR Approved by:	
Printed Name: BOBBIE BROOKS		Title:	
Title: PRODUCTION ANALYST		Approved Date: JUN 09 1997	
Date: 6/4/97	Phone: 915-685-1961		

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

IF THIS IS AN AMENDED REPORT, CHECK THE BOX Labeled "AMENDED REPORT" AT THE TOP OF THIS 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.)
	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.
	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.)
	25.	MO/DA/YR drilling commenced.
	26.	MO/DA/YR this completion was ready to produce.
	27.	Total vertical depth of the well.
	28.	Plugback vertical depth.
	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole.
	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.
	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:
	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 operators 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.	The permit number from the District approved C-129 for this completion.
	15.	MO/DA/YR of the C-129 approval for this completion.
	16.	MO/DA/YR of the expiration of C-129 approval for this completion.
	17.	The gas or oil transporter's OGRID number.
	18.	Name and address of the transporter of the product.
	19.	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.
	20.	Product code from the following table: O Oil G Gas

1. Operator's name and address.
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. 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.
4. The API number of this well.
5. The name of the pool for this completion.
6. The pool code for this pool.
7. The property code for this completion.
8. The property name (well name) for this completion.
9. The well number for this completion.
10. 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.
11. The bottom hole location of this completion.
12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
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 of the C-129 approval for this completion.
15. MO/DA/YR of the expiration of C-129 approval for this completion.
16. MO/DA/YR of the C-129 approval for this completion.
17. The gas or oil transporter's OGRID number.
18. Name and address of the transporter of the product.
19. 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.
20. Product code from the following table:
O Oil
G Gas

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 re-completed wells.
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.
A separate C-104 must be filled for each pool in a multiple completion.
Improperly filled out or incomplete forms may be returned to operators unapproved.

