

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

1. 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 NW - MAY, 1997
⁴ API Number 30 - 025-33881	⁵ Pool Name LANGLIE MATTIX	⁶ Pool Code 37240
⁷ Property Code 014899	⁸ Property Name C. D. WOOLWORTH	⁹ Well Number 10

II. ¹⁰ Surface Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet the	from	East/West Line	County
J	30	24S	37E		1400	SOUTH	2630		EAST	LEA

11 Bottom Hole Location

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	13 Producing Method Code	92765			15 C-129 Permit Number	16 C-129 Effective Date		17 C-129 Expiration Date	
P	P								

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
015694	NAVAJO REFINING CO. PL DIVISION	712110	O	
	DR. 159, ARTESIA, NM 88210			
020809	SID RICHARDSON CARBON	712130	G	
	201 MAIN ST., STE. 2300			
	FORT WORTH TX 76102			

IV. Produced Water

IV. Produced Water	
23 POD	24 POD ULSTR Location and Description
712150	

V. Well Completion Data

V. Well Completion Data				
²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
4/14/97 3-29-97	5/8/97	3760'	3735'	3502'-3658'
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	
11"	8-5/8"	477'	260 sxs. Cl 'C' w/2% CaCl ₂ & 1/4# flocele/sx. circ. 58 sxs to surface	
7-7/8"	4-1/2"	3756'	725 sxs. Lead Cl'C' w/6% gel, 5% salt, 300 sxs Tail 50/50 Proz. Cl'C' w/2% gel, 5% salt & 4/10 of 1% FL-62.	

VI. Well Test Data

³⁴ Date New Oil 5/1/97	³⁵ Gas Delivery Date 5/1/97	³⁶ Test Date 5/29/97	³⁷ Test Length 24 HRS.	³⁸ Tbg. Pressure 340	³⁹ Csg. Pressure 50
⁴⁰ Choke Size	⁴¹ Oil 16	⁴² Water 82	⁴³ Gas 71	⁴⁴ AOF	⁴⁵ Test Method P

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:
6/03/97

Phone:
915-685-1961

OIL CONSERVATION DIVISION

Approved by: **Orig. Signed by**
Paul Krutz
Geologist

Title:

Approved Date: **AUG - 5 1997**

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 LABELED "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
	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", "Jones CPD", "Jones CPD Water Tank", etc.)
	25.	MO/DAYR drilling commenced.
	26.	MO/DAYR 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/DAYR that new oil was first produced.
	35.	MO/DAYR that gas was first produced into a pipeline.
	36.	MO/DAYR 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.	Shut-in casing pressure - gas wells
	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 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.
	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/DAYR 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/DAYR of the C-129 approval for this completion.
	16.	MO/DAYR of the expiration of C-129 approval for this completion.
	17.	The gas or oil transporters 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
	21.	