State of New Mexico Energy, Minerals and Natural Resources Departm

Submit 5 Copies Appropriate District Office **DISTRICT I**

OIL CONSERVATION DIVISION

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

P. O. Box 1980, Hobbs, NM 88240

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

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator Arch Petroleum Inc.		Well API No. 30 - 025-11084									
Address 777 Taylor St., Penthouse II-A	Ft Worth (Րահ Тո	war I	t Wor	th TV 7	6102				· · · · · · · · · · · · · · · · · · ·	
Reason (s) for Filling (check proper box)	, rt. Worth	CIUD I O	WCI, I	t. YYUI			ei (Please exp	olain)			
New Well	Change in Transporter of:				EFFECTIVE APRIL 1, 1994						
Recompletion	Oil	Dry Gas									
Change in Operator X	Casinghead Ga	as		Condensa	ate						
If change of operator give name and address of previous operator	Chevron U	.S.A., Iı	ıc., P.	O. Box	: 1150,Mic	lland, T	X 79702				
II. DESCRIPTION OF WELL.	AND LEASI	₹.									
Lease Name	Well No. Pool Name, In				cluding For	nation		Kind of Lease No.			
S. J. Carr	5 Fowler				r Upper Yeso 26680			State	State, Federal or Fee		
Location		13		rowier	Opper 1	eso Ç	XUUSE	,		<u> </u>	
Souther											
Unit Letter N	 :	0555	Feet F	rom The	South	Line	and	2085	Feet From The	West Line	
Section 10 Township	248	Range		37E		, NM	IPM,	Lea		County	
III. DESIGNATION OF TRAN	SPORTER (NATU			 				
Name of Authorized Transporter of Oil		or Conde			Addres	s (Giv	e address to	which approv	red copy of this f	orm is to be sent)	
Texas New Mexice Pipeline		2236	58	ليسا		P. 0). Box 2528	8, Hobbs, N	M 88240		
Name of Authorized Transporter of Casing	nead Gas	or l	y Gas		Addres	s (Giv	e address to	which approv	ed copy of this fe	orm is to be sent)	
Sid Richardson C: rbon If well produces oil or liquids,	Unit	Sec.	Twp.	Des	1	201	Main St.,		Ft. Worth, T	76102	
give location of tanks.	Omt	Sec.	ı wp.	Rge.	Is gas ac	tually conn	ected ?	When?			
						Yes			Unknown		
If this production is commingled with that f	rom any other le	ase or poo	l, give c	ommingli	ing order nur	nber:					
IV. COMPLETION DATA											
Decignate Type of Completion	(V)	Oil Wel	I Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		eady to Pr	od		Total Depth		L	P. B. T. D.			
•	Date Compl. Ready to Prod.				Total Depui			1. B. 1. B.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Peforations								Depth Casin	Depth Casin; g		
	Ti	UDING C	LA CITACO	AND CI	The second second	PEGGE		<u> </u>			
HOLE SIZE	CASING	& TUBIN	IG SIZE	AND CE	EMENTING D	EPTH SET		T	SACKSCI	EMENIT	
	CASING & TUBING SIZE				DEI III SE I			SACKS CEMENT			
	ļ										
					 						
V. TEST DATA AND REQUES	T FOR ALL	OWAR	LF			·					
OIL WELL (Test must be after re				and must	be equal to a	or exceed to	n allowable s	for this denth	or he for full 24	hours)	
Date First New Oil Run To Tank	Date of Test				Producing M	lethod		p, gas lift, etc		nours)	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
	Oli - Dois.				water - Bois	•		Gas - MCF		:	
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size			
	<u> </u>						·				
I hereby certify that the rules and regular	ions of the Oil C	onservatio	n			Oli	CONS	FRVAT	ION DIVIS	NON	
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION APR 0 5 1994						
is true and complete to the best of my knowledge and belief.					Date Approved						
- Rick Vandersline					Ву						
Signature					_		OBIOINE	CICNED	DV IEDDY CE	XTON	
Rick Vanderslice	Oper. Mgr.				Title ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name	Title	COS 10 C					- D T.	JIRI GI T 3	<u> </u>		

Telephone 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
- 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.

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Date