State of New Mexico Energy, Minerals and Natural Resources Departme

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

P. O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	·· · · · · · · · · · · · · · · · · · ·										
Operator Arch Petroleum Inc.								Well API No. 30 - 025-11085			
Address 777 Taylor St., Penthouse II-A	Et Worth	Club Tox	vor Et	Worth	TY	76102		30	- 025-11065	· · · · · · · · · · · · · · · · · · ·	
Reason (s) for Filling (check proper box)	, rt. Worth	Club I o	vei, Ft.	WOLL	1, 1 A		thei (Please ex	plain)	<del>,</del>	<del></del>	
New Well	Change in Transporter of: EFFECTIVE APRIL 1, 1994										
Recompletion	Oil Dry Gas										
Change in Operator X	Casinghead Ga	as	L Con	ndensate	<u> </u>						
If change of operator give name and address of previous operator	Chevron U	.S.A., In	c., P. O.	Box 1	150,M	idland, '	TX 79702				
II. DESCRIPTION OF WELL	AND LEASI	E									
Lease Name		Well No.	Pool Na	ne, Incl	uding Fo	mation		Kino	of Lease	Lease No.	
S. J. Carr		6	Fo	wler I	Inner V	Voca -	26680	State	e, Federal or Fee		
Location		10	10	WICI	оррег 1	1 630 2	5000C			_L	
Unit LetterL	:	1650	Feet From	The	South	Li	ine and	660	Feet From The	West Line	
Section 10 Township	24S	Range	371	3		, 1	NMPM,	Lea		County	
III. DESIGNATION OF TRAN	SPORTER (	ЭЕ ОП.	AND NA	TIIR	AT GA		·			County	
Name of Authorized Transporter of Oil		or Conder		T OIL	Addre		Give address to	which approx	ed copy of this f	orm is to be sent)	
Texas New Mexico Pipeline									,		
Name of Authorized Transporter of Casing	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									orm is to he sent)	
Sid Richardson Carbon	- $02$	0809				2	<u>01 Main St.,</u>	Ste. 2300,	Ft. Worth, T	X 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	ctually co	onnected?	When?			
						Yes			Unknown		
If this production is commingled with that f	rom any other le	ase or pool.	, give com	ningling	g order nu	mber:					
IV. COMPLETION DATA		LOUWAN	I C W	ii Ix	377 11	777 1		Text :			
Designate Type of Completion	- (X)	Oil Well	Gas W	en  N	ew Well	Workov	er Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			To	Total Depth			P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					op 01., 01.						
Peforations								Depth Casin; g			
		UBING, CA		D CEM	1ENTIN	G RECOR	RD				
HOLE SIZE	OLE SIZE CASING & TUBING SIZE				]	DEPTH SE	ET	SACKS CEMENT			
						·	<del></del>				
V. TEST DATA AND REQUES	T FOR ALL	OWARI	F	!_	-			<u> </u>	··		
OIL WELL (Test must be after r.				must be	equal to	or exceed	top allowable	for this denth	or he for full 24	hours	
Date First New Oil Run To Tank	Date of Test			Pr	oducing l	Method	(Flow, pum	p, gas lift, etc	:.)	nours)	
Length of Test	Tubing Pressure				asing Pres	ettra	· · · · · · · · · · · · · · · · · · ·	Choke Size			
					asing 1 ics	Suit		Choke Size			
Actual Prod. 1 uring Test	Oil - Bbls.			W	Water - Bbls.			Gas - MCF			
GAS WELL	<del></del>		<del></del>			<u> </u>	<del></del>	1			
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)						
(publ., back press.)	Tubing Flessur	e (Snut - in)		Ca	asing Pres	sure (Shut	t - in)	Choke Size			
I hereby certify that the rules and regulations 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.  Tuck Variables					OIL CONSERVATION DIVISION Date Approved APR 0 5 1994						
Signature Signature	<u>ٽ</u>	• • • • • • • • • • • • • • • • • • • •	<del></del>		By .						
Rick Vanderslice	Oper. Mgr.				ORIGINAL SIGNED BY JERRY SEXTON Title						
Printed Name	Title				DISTRICT I SUPERVISOR						

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 with Rule 111.
- 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.

(915)685-1961

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

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3/31/94