

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

I. OPERATOR

Operator: **RICHARDSON OPERATING COMPANY** Well API No: **30-045-28465**

Address: **P.O. BOX 9808, DENVER, COLORADO 80209** Ph# **(303) 698-9000**

Reason(s) for Filing (Check proper box)

New Well Change in Transporter of: Other (Please explain)

Recompletion Oil Dry Gas

Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator: **Morgan Richardson Operating Company, P.O. Box 9808, Denver, CO 80209**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Federal 24-36** Well No: **1** Pool Name, Including Formation: **BASIN FRUITLAND COAL** Kind of Lease State: **Federal** or Fee: BIA Lease No: **1420603782**

Location: Unit Letter **H**, **2250** Feet From The **N** Line and **1070** Feet From The **E** Line

Section **36** Township **28N** Range **9W**, NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.D.T.D. _____

Elevations (D.F., RKB, RI, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____

Perforations _____ Depth Casing Shoe _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth under (see 111.24.10.1))

Date First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____

Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut in) _____

Grav. of Condensate _____

Casing Pressure (Shut in) _____

Circle Size _____

RECEIVED
 MAR 8 1993
OIL CON. DIV.
DIST. 3

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature: *Shelley L. Keene*

Printed Name: **Shelley L. Keene, Production Asst.** Title _____

Date: **March 5, 1993** Telephone No.: **(303) 698-9000**

OIL CONSERVATION DIVISION

Date Approved: **MAR 8 1993**

By: *[Signature]*

Title: **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

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