Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION* P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Richmond Petroleum			<u> </u>		ND NATURAL		Well AP	No.			
Kichmona recioledii		3003924553									
P.O. Drawer 2039,	Farmingt	on, N	м 8749	9	, 						
eason(s) for Filing (Check proper box)					Other (Please	explain)					
lew Well	Ch Oil		ransporter of: Ory Gas								
ecompletion U Thange in Operator U	Casinghead G	_	•		Transpor	ter Cl	nange (Only			
change of operator give name											
id address of previous operator I. DESCRIPTION OF WELL A	ANDIFAS	F.					_				
ease Name	W	ell No.	ool Name, In				Kind of	Lease deral or Fee	NM183	se No. 28	
Federal 29-4-32		2	Basin	Furi	tland Coal		State, 1		MHIOS	20	
ocation M	800			Sou	ith Line and	790	Feet	From The	West	Line	
Unit Letter	. :		Feet From Th		Die abs	Dia	Arriba			G-v-tv	
Section 32 Township	, 29N		Range 4	₩ —	, NMPM,	KIO A	HILIDA	_ ,		County	
II. DESIGNATION OF TRANS	SPORTER	OF OII	L AND NA	ATUR	AL GAS					43	
Name of Authorized Transporter of Oil	O1	r Condens	are X		Address (Give address P.O. Box 256	to which o	<i>pproved c</i> mingto	opy of this form n, NM 8	n is to be ser 17499	1)	
Giant Industries	aband Cun		or Dry Gas [Address (Give address					u)	
Name of Authorized Transporter of Casing Northwest Pipeline	у ка й () 25	' ليا			P.O. Box 589	900, s	<u>alt La</u>	ke City,	UT 84	.08	
If well produces oil or liquids,		ec. 32	Twp. 29N	Rge. 4W	is gas actually connect Yes	led?	When 7	5/22/9	90		
ive location of tanks. I this production is commingled with that	1 1	_			ng order number:						
I this production is commingled with that I V. COMPLETION DATA	Hom any outer	1000 VI P								bire nada	
		Oil Well	Gas W	/ell	New Well Worko	ver 1	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl.	Ready to	Prod.		Total Depth			P.B.T.D.		<u></u>	
Date Shronen					Ton Ollion Pay			Tables Doub			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations	1							Depth Casing	Shoe		
	PF-1	IDING	CACING	AND	CEMENTING RE	CORD					
UOI E 817E	TU	JBING,	CASING A	AND	CEMENTING RE	CORD		S	ACKS CEM	ENT	
HOLE SIZE	CASI	JBING, ING & TU	CASING A	AND	CEMENTING RE	CORD		S	ACKS CEM	ENT	
HOLE SIZE	CASI	JBING, ING & TU	CASING A	AND	CEMENTING RE	CORD		S	ACKS CEM	ENT	
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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.

A Sanarata Form C-104 must be filed for each pool in multiply completed wells.