

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Richmond Petroleum Inc.	Well API No.
Address P.O. Drawer 2039, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) <i>Transporter Change Only</i>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> <i>First Sale of Condensate</i>	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 29-4-32	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM-18328
Location Unit Letter A : 870 Feet From The North Line and 1110 Feet From The East Line Section 32 Township 29N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Gary-Williams Energy	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413				
Name of Authorized Transporter of Casinghead Gas Northwest Pipeline	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, Salt Lake City, UT 84108				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32	Twp. 29N	Rge. 4W	Is gas actually connected? Yes	When? 5/22/90

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
		X						
Date Spudded 8/23/89	Date Compl. Ready to Prod. 9/27/89		Total Depth 4487' KB		P.B.T.D. 4368' KB			
Elevations (DF, RKB, RT, GR, etc.) 7428' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 4180' KB		Tubing Depth 4079' KB			
Perforations 4108' - 4230' 4 SPF				Depth Casing Shoe 4487' KB				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		240' KB		150 sx			
7 7/8"	5 1/2"		4487' KB		600 sx			
	2 3/8"		4079' KB					

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 or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

GAS WELL

Actual Prod. Test - MCP/D 27	Length of Test 24 hours	Bbls. Condensate/MCP 74	Gravity of Condensate 55 degree API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 340	Casing Pressure (Shut-in) 340	Choke Size

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.

*Dana Delventhal*  
Signature  
Dana Delventhal Engineer  
Printed Name  
August 2, 1990 327-4404  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 06 1990

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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