

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Richardson Operating Co.	Well API No. 20-045-28907
Address P. O. Box 9903 Denver, CO 80209	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal FC 5	Well No. #1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM 021118
Location Unit Letter <u>A</u> ; <u>1111'</u> Feet From The <u>North</u> Line and <u>942'</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>20N</u> Range <u>12W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	P. O. Box 4990 Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					NO As soon as possible
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 12/19/92	Date Compl. Ready to Prod. 3/22/93	Total Depth 1876'	P.B.T.D. 1832'					
Elevations (DF, RKB, RT, GR, etc.) 5696' GR	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 1713'	Tubing Depth 1780'					
Perforations 1713'-1715', 1722'-1740'		Depth Casing Shoe 1876'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 3/4"	7"	133'	60 sx Class E					
6 1/4"	4 1/2"	1876'	230 sx Class E					
	2 3/8"	1780'						

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	Casing Pressure JUL 21 1993	Choke Size MAR 26 1993
Length of Test	Tubing Pressure	Water - Bbls.	Gas - Bbls.
Actual Prod. During Test	Oil - Bbls.	<b>OIL CON. DIV., DIST. 3</b>	

GAS WELL

Actual Prod. Test - MCF/D No Flow	Length of Test 10 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 040	Choke Size 3/4"

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.

Bruce E. Delventhal  
Signature  
Bruce E. Delventhal, Agent  
Printed Name  
3/24/93 (305) 320-4125  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 10 1993  
By ORIGINAL SIGNED BY ERNIE BUSCH  
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 well in multiply completed wells.