

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies  
☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Richardson Operating Company 1700 Lincoln Street, Suite 1700 Denver, CO 80203		<sup>2</sup> OGRID Number 19219
		<sup>3</sup> Reason for Filing Code New Well
<sup>4</sup> API Number 30 - 0 45-29383	<sup>5</sup> Pool Name Pictured Cliffs	<sup>6</sup> Pool Code 71629
<sup>7</sup> Property Code 19023	<sup>8</sup> Property Name ROPCO 15 GW PC #2	<sup>9</sup> Well Number 2

<sup>12</sup> Loc Code P	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 3-6-97	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
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II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
0	15	29N	13W		476'	S	1800'	E	San Juan

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	15	29N	13W		476'	S	1800'	E	San Juan

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
014634	Merrion Oil & Gas Corp. 610 Reilly Avenue Farmington, NM 87401	2818927	G	Tank Battery Sec. 15, T-29-N, R-13-W San Juan County, NM

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DIST. 3

IV. Produced Water

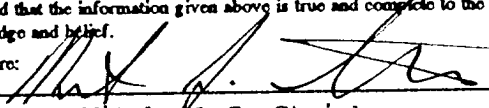

<sup>23</sup> POD 2818928	<sup>24</sup> POD ULSTR Location and Description Tank Battery, Sec. 15, T-29-N, R-13-W, San Juan County, NM
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V. Well Completion Data

<sup>25</sup> Spud Date 11-21-96	<sup>26</sup> Ready Date 3-6-97	<sup>27</sup> TD 1330'	<sup>28</sup> FBTD 1305'	<sup>29</sup> Perforations 1165'-96'	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		
12 1/2"	10 3/4" 40.5#	41'	-		
8 3/4"	7" 20#	131'	150 Sacks - Class B		
6 1/4"	4 1/2" 10.5#	1305'	180 Sacks - Neat		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date 3-6-97	<sup>37</sup> Test Date 3-6-97	<sup>38</sup> Test Length 24 Hours	<sup>39</sup> Tbg. Pressure 350 psi	<sup>40</sup> Csg. Pressure 350 psi
<sup>41</sup> Choke Size W/O	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas 138	<sup>45</sup> AOF	<sup>46</sup> Test Method Producing

<sup>47</sup> I hereby certify that the rules 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: 		OIL CONSERVATION DIVISION	
Printed name: Mitchell J. Steinke		Approved by: ORIGINAL SIGNED BY ERNIE BUNCH	
Title: Operations Manager		Title: 	
Date: 4-3-97		Approval Date: APR - 7 1997	
Phone: (303) 830-8000			

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

# **New Mexico Oil Conservation Division** **C-104 Instructions**

**IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT**

**Report all gas volumes at 15.025 PSIA at 60°.**  
**Report all oil volumes to the nearest whole barrel.**

**A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.**

**All sections of this form must be filled out for allowable requests on new and recompleted wells.**

**Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter or other such changes.**

**A separate C-104 must be filed for each pool in a multiple completion.**

**Improperly filled out or incomplete forms may be returned to operators unapproved.**

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
 NW New Well  
 RC Recompletion  
 CH Change of Operator (Include the effective date.)  
 AO Add oil/condensate transporter  
 CO Change oil/condensate transporter  
 AG Add gas transporter  
 CG Change gas transporter  
 RT Request for test allowable (Include volume requested)  
 If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  
 F Federal  
 S State  
 P Fee  
 J Jicarilla  
 N Navajo  
 U Ute Mountain Ute  
 I Other Indian Tribe
13. The producing method code from the following table:  
 F Flowing  
 P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:  
 O Oil  
 G Gas
22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.
31. Inside diameter of the well bore
32. Outside diameter of the casing and tubing
33. Depth of casing and tubing. If a casing liner show top and bottom.
34. Number of sacks of cement used per casing string  
 If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
35. MO/DA/YR that new oil was first produced
36. MO/DA/YR that gas was first produced into a pipeline
37. MO/DA/YR that the following test was completed
38. Length in hours of the test
39. Flowing tubing pressure - oil wells  
 Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells  
 Shut-in casing pressure - gas wells
41. Diameter of the choke used in the test
42. Barrels of oil produced during the test
43. Barrels of water produced during the test
44. MCF of gas produced during the test
45. Gas well calculated absolute open flow in MCF/D
46. The method used to test the well:  
 F Flowing  
 P Pumping  
 S Swabbing  
 If other method please write it in.
47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person