District I 🕟 PO Box 1900, Hobbs, NM 88241-1980

District II \$11 South First, Artesia, NM \$8210 District III

1000 Rio Brazos Rd., Axtec, NM 87410 District IV

15

Η

29N

13W

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.	R	EQUEST	FOR A	LLOWABL	E AND AU	JTHORIZATI	ON TO TR	ANSPORT		
<sup>1</sup> Operator name and Address							19219 OGRID Number			
Richardson Operating Company							3 Reason for Fling Code			
1700 Lincoln Street, Suite 1700 Denver, CO 80203							New Well			
*API Number 20-0 15-29407						and Coal	· · · · · · · · · · · · · · · · · · ·	•	Pool Code 58 <b>D</b>	
<del></del>	operty Code		ROPCO 15 GW "A PC B FC-				, v	9 Well Number 1		
Lee Code	<sup>13</sup> Product F	ng Method Cod		Connection Date -28-97	<sup>15</sup> C-129 Per	mit Number	C-129 Effective	Date 17 C-	129 Expiration Date	
II. 10 Surface Location										
Ul or lot no.	Section	Township	Range	Lot.Idn l	cet from the North/South Line		Feet from the	East/West line	County	
Н	15	29N	13W		2171'	N	775'	E	San Juan	
11 ]	11 Bottom Hole Location									
								East/West Line	County	

III. Oil and Gas Transporters									
18 Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>24</sup> POD	<sup>11</sup> O/G	<sup>22</sup> POD ULSTR Location and Description					
014634	Merrion Oil & Gas Corp.	2819908	G	Tank Battery					
	610 Reilly Avenue Farmington, NM 87401	Exp. Sec.		Sec. 15, T-29-N, R-13-W San Juan County, NM					
				1,					
				gradual general gradual parties and partie					
				DEGETVEN					
				11 APR - 7 1997 []					
100				OIL COM. DIV. ——— <del>Dist. 3</del>					
				Pig/05 (9)					

2171'

N

775'

Ε

San Juan

Produced Water <sup>24</sup> POD ULSTR Location and Description dog <sup>tt</sup> Tank Battery, Sec. 15, T-29-N, R-13-W, San Juan County, NM Well Completion Data + Pictured Cliffs

<sup>25</sup> Sped Date 12-6-97	<sup>24</sup> Ready Date 2–28–97	<sup>27</sup> TD 1360'	<sup>24</sup> PBTD 1310 '	<sup>29</sup> Perforations 1154'-82' SPF	DHC R-1256	
31 Hole Size	32 Casing	& Tubing Size	33 Depth !	Sa	34 Sacks Cement	
12 ¼"	10 3/4"		15'			
8 3/4"	7"	20#	123'	75 \$	Backs - B	
6 4"	4 ½"	10.5#	1348'	180 S	Backs - B	

VI. Well Test Da  35 Date New Oil	24 Gas Delivery Date 2-28-97	<sup>37</sup> Test Date 2–28–97	Test Length 24 Hours	Tbg. Pressure 350 psi	Crg. Pressure 350 psi				
41 Choke Size W/O	42 O/I	45 Water	44 Gas 198	<sup>46</sup> AOF	"Took Method Producing-Sal				
I hereby certify that the me with and that the information knowledge and belief.  Signature:	ules of the Oil Conservation Div	trion have been complied to the best of my	OIL CONSERVATION DIVISION  Approved by: DRIGINAL SIGNED BY STATE BUSCH  Tide: DEPUTY OIL & GAS INSPECTOR, DIST. #3						
Printed name: Mit	chell J. Steinke	<b>V</b>							
Title: Ope	rations Manager		Approval Dato: APR	2 5 1997					
Detc: 4-3-97	Phone: (3	03) 830–8000							
46 If this is a change of op	erator fill in the OGRID numb	er and name of the previ	lous operator						
Previous (	Operator Signature		Printed Name	Tkl	e 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.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:
  NW New Well
  RC Recompletion
  CH Change of Operator (Include the effective

date.) AO CO AG CG RT 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.

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- 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. 10.
- The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla

  - - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  - Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion
- The gas or oil transporter's OGRID number
- Name and address of the transporter of the product
- 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. 20.

- Product code from the following table: O Oil G Gas
- 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.) 22.
- 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 23.
- 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.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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. 30.
- Inside diameter of the well bore 31
- Outside diameter of the casing and tubing 32
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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.

- MO/DA/YR that new oil was first produced 35.
- MO/DA/YR that gas was first produced into a 36.
- 37. MO/DA/YR that the following test was completed
- Length in hours of the test 38.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45
- The method used to test the well: 46. F Flowing
  P Pumping
  S Swabbing
  If other method please write it in.
- 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 47
- 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 48.

District I PO Box 1900, Hobbs, NM 28241-1900 District II 211 South First, Artesia, NM 28210 District III

## 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

Title

Date

AMENDED REPORT

1000 Rio Branos Rd., Axiec, NM 87410 District IV

District IV 2040 South Pack												ENDED REFORT
1	RI	EQUEST	FOR AL	LOWABI	<u>LE ANI</u>	<u>D AU</u>	THOR	<u>IZATI</u>	ON TO TRA	ANSPO	<u>DRT</u>	her
Richa	ardson (	Operatin	'Operator mass ng Compan t, Suite	ne and Address ny 1700				1	19219	Resear for		
Denve	er, CO	80203	,, 5422	1/00	<del></del>		<del></del>	!	Мэм	Well		
4 A 30 - 0 45-	<b>API Number</b> 29407		₽i₂	eture 1	<b>F</b> f/Fr		and Co	oal		#	9581	Pool Code 7/629
	roperty Code	,	RO'	PCO 15 GW	•							Vell Number
150,	2				Y 2	<u> </u>	<u> </u>					<u> </u>
12 Lee Code P	J	ing Method Coo F	2-	Connection Date -28–97	e 15 C-	-129 Perm	nk Number		16 C-129 Effective I	Date	17 C-	-129 Expiration Date
II. 10 S	Surface	Location Township		Lot.Idm	Feet from	- the	North/8	outh Line	Feet from the	Rast/Wes	est line	County
Ul or lot no. H	Section 15	Z9N	13W	LOX.atem	2171		N		775'	E		San Juan
	.l	Hole Loca			1							
UL or lot no.		Township 29N	Range 13W	Lot Idn	Feet from 2171		North/S	South line	Feet from the 7751	East/Wes	at line	County San Juan
<u> </u>	10	4.51.	100, 1	L	41.		I	<u> </u>		L.=		Our -
III. Oil ar					<del></del>			T 41	T	In		
Transpor OGRID	orter		Transporter N and Address			2M PO		<sup>31</sup> O/G			LSTR Lo Descriptio	
014634	1 M		0i1 & Ga	as Corp.	2 5 1	190	08	G	Tank Batt		NT. F	. 12_₩
			ly Avenu						Sec. 15, San Juan	Count	y, N	15-n M
		,										
										ME TO	TO THE	TED
							1		III I	画型	T W	
									UU AP	?R - ?	/ 1997 —	/ U
				,					100	(d(a)!	W.	D[[V].
									Wus-	DIG.		
IV. Produ	uced Wa	ater									***	
	200	0	Tank Bat	ttery, S€			1 <b>LSTR L</b> 9–N, R-		Description , San Juan	Count	cy, 1	JM
V. Well (	Complet	ion Data	- Fruit1	land Coal	L		71 -		19 <sub>m. F</sub>		1	14 P.C. 14C
<sup>25</sup> Spec 12-6-9	ed Dete	2-28-	Ready Date		<b>" 110</b> 360 '		27 PB 1310	1	<sup>29</sup> Perform 1120'-42'	' 2SPF	ฮ	DHC, DC,MC
	31 Hole Size		<b>п</b> с	Casing & Tubing	ng Silve	<del>_</del>		Depth 8e	d		34 Saci	ks Cement
1	3/4"		10 3/4	20#	<u>,#                                    </u>		123'	ı		75 Sac		
6 4	'		4½" 10.5#			<del></del>	1348	3'		180 Sa	.cks	<u>- B</u>
VI. Well	Test Da	ıta	<u></u>	<u> </u>								
35 Date New Oil 36 Ga 2-		36 Gas De 2-28	Celivery Date 3–97	2-4-9	st Date 97	T	Test Le 24 Ho	ours	" <b>Тыд. Рг</b> 350 г	psi	3	**Cog. Pressure 350 psi
41 Chok 5/8 or	ke Sine		on On		Waler	+	<b>44 G≥</b> 92		46 AO			"Test Method FP Unit
47 I benthy costs	tify that the rul	iles of the Oil C	Conservation Dir a true and comp	ivinion have been of	a complied of my			IL CC	ONSERVAT	TON D		
Signature:	77 M	// E	7/	<u></u>		Approve			E SIGNED BY E			
Printed name:	Mitch	neli j. s	Steinke			Title:	DEPUTY	01L & G	GAS INSPECTOR,		<b>63</b>	
Title:	Opera	ations Ma				Approva	al Deto:	APF	R 2 5 199	<u> </u>		
	3-97				-8000							
M ICAL La	chance of or	erator fill in th	ac OGRID BUY	mber and name o	of the previ	ous opers	Mor					

Printed Name

Previous Operator Signature

## 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

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

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:
  NW New Well
  RC Recompletion
  CH Change of Operator (Include the effective

date.) AO CO AG CG RT

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.

- 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
- 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
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

code from the foll Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: \_\_\_\_\_. 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this 16 completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- 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. 20.

- Product code from the following table: Oil Gas
- 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.) 22.
- 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
- 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.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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. 30.
- Inside diameter of the well bore 31.
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- MO/DA/YR that gas was first produced into a 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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.
- 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 47.
- 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 48.