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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

~~CONFIDENTIAL~~

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Richmond Petroleum		Well API No.
Address 2651 N. Harwood, Suite 360, Dallas, Texas 75201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) First Delivery <i>Well Name Change fr. Feb. 26 #2</i>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 32-8-26	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease <del>State</del> Federal or Reex	Lease No. NM 6894
Location Unit Letter <u>M</u> : <u>1,180</u> Feet From The <u>South</u> Line and <u>1,020</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>32 N</u> Range <u>8 W</u> , NMPM, <u>San Juan</u> 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)	
<u>Northwest Pipeline</u>	<u>P. O. Box 58900, Salt Lake City, Utah 84108-</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>26</u>
	Twp. <u>32</u>	Rge. <u>8</u>
	Is gas actually connected? <u>No</u> When? <u>By 4/28/90</u>	

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
			<u>X</u>					
Date Spudded <u>8/8/89</u>	Date Compl. Ready to Prod. <u>9/12/89</u>		Total Depth <u>3,700' KB</u>		P.B.T.D. <u>3,652' KB</u>			
Elevations (DF, RKB, RI, GR, etc.) <u>6,881' GR</u>	Name of Producing Formation <u>Fruitland</u>		Top Oil/Gas Pay <u>3,360'</u>		Tubing Depth <u>3,700' KB</u>			
Perforations <u>3,360' KB - 3,614' 4 SPF</u>					Depth Casing Shoe <u>3,700' KB</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>275' KB</u>		<u>130 sx</u>			
<u>7"</u>	<u>8-3/4"</u>		<u>3,298' KB</u>		<u>220 sx</u>			
<u>4-1/2" J</u>	<u>6-1/4"</u>		<u>3,678' KB 3697</u>		<u>150 sx 80</u>			

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

Actual Prod. Test - MCF/D <u>118</u>	Length of Test <u>24 hour</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut in) <u>100</u>	Casing Pressure (Shut-in) <u>100</u>	Choke Size <u>open</u>

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.

Signature Steven S. Dunn Engineer  
Printed Name  
Date 4/16/90 Telephone No. 505-327-9801

OIL CONSERVATION DIVISION

Date Approved 5-2-90  
By Original Signed by FRANK T. CHAVEZ  
Title SUPERVISOR DISTRICT III

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.