

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

Operator Morgan Richardson Operating Company		Well API No. 30-045-28053
Address P. O. Box 1915 Farmington, NM 87499		
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 13-13	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or other	Lease No. SF 078390
Location				
Unit Letter B : 880' Feet From The North Line and 1450' Feet From The East Line				
Section 13 Township 28N Range 8W , 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	Soc.
	Twp.	Rge.
		Is gas actually connected?
		No
		When?
		January 1991

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	X					
Date Spudded 8/22/90	Date Compl. Ready to Prod. 9/11/90	Total Depth 3130'		P.B.T.D. 3080'				
Elevations (DF, RKB, RT, GR, etc.) 6423' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2892'		Tubing Depth 3030'				
Perforations 3018-3034, 2998-3004, 2940-2984, 2892-2906				Depth Casing Shoe 3122'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		265'		150			
7 7/8"	4 1/2"		3122'		550			
	2 3/8"		3030'					

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.)	
		RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		DEC 11 1990	

OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 725	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 459 psig	Casing Pressure (Shut-in) 461 psig	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.

Signature **Dana Delventhal**
Printed Name **Dana Delventhal, Agent**
Date **November 6, 1990** Title **326-4125**
Telephone No.

OIL CONSERVATION DIVISION

DEC 11 1990

Date Approved

By

Bruce D. Chung

SUPERVISOR DISTRICT #3

Title

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.