Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410					LE AND A						
Operator	TO TRANSPORT OIL AND N					OTAL CA	Well API No.				
Morgan Richardson Operating Company						30-045-28056					
P. O. Box 1915 Farmin	gton,	NM 8749	99								
Change in Operator	Oil Casinghea		Transport Dry Gas Condens		Other	(Please explain					
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	ND LEA	ASE									
Lease Name	Well No. Pool Name, Includin						Lease Lease No. secral or Kee NM 013860				
Federal 24-25		1	Bas	sin Fru	itland Co	oal	3,5,c, 1	edetal of Rex	I NM G	13860 A	
Location Unit Letter H	:1340	)'	Feet Fre	on The	orth Line	970	Fee:	t From The	East	Line	
Section 25 Township	281		Range	8W		IPM,	San Juar	1		County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	R OF OI or Conden		D NATUI	RAL GAS Address (Give	address to whi	ch approved o	ony of this for	m is to be se	vnt)	
Name of Additionized Transporter of Off		or concen			7102200 (0170		pp				
Name of Authorized Transporter of Casingle El Paso Natural Gas Co				Address (Give address to which approved P. O. Box 4990 Farmin							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	<b>?</b> nuary 199	21		
If this production is commingled with that for IV. COMPLETION DATA	rom any ol	her lease or	pool, giv	e comming!	ing order numb	er:	Jar	nuary 19:	3T		
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	ipl. Ready to	o Prod.		Total Depth			P.B.T.D.		·· <del>*</del>	
9/12/90	9/27/90				2966 <sup>1</sup> Top Oil/Gas Pay			2921'			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6326 GR Fruitland					1 -	2724'			Tubing Depth 2862		
Perforations Tradectard								Depth Casing Shoe			
2724-2734, 2740-276						NC DECOR	<u> </u>	2	966'	•	
HOLE ŞIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"		8 5/8"			270'			175			
7 7/8"	7 7/8" 4 1/2"				2966' 2 <b>862</b> '			450			
	2 3/8"				2002						
V. TEST DATA AND REQUES OIL WELL (Test must be after re					t be equal to or	exceed top allo	wable for this	s depth or be fo	or full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Prop. pump) gastlift a						
Length of Test	Tubing Pressure			Casing Press	DEC	11 1990	Choke Şize				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		ON.	Gas- MCF	·	•	
GAS WELL						/ [	IST. 3				
Actual Prod. Test - MCF/D 551	Length of Test 24 hrs				Bbls. Condensate/MMCF			Gravity of C	ondensate		
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 568 psig				Casing Pressure (Shut-in) 575 psig			Choke Size 3/4"			
VI. OPERATOR CERTIFIC	ATEC	F COM	PLIA	NCE			ICEDY (	ATION			
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.					OIL CONSERVATION DIVISION DEC 1 4 1990						
					Date	e Approve	ed				
Signature Dana Delventhal, Agent					By SUPERVISOR DISTRICT #3						
Printed Name  November 6, 1990 Date	<del>-</del>	326-	Title 4125 elephone	No.	Title	<b>-</b>					

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 pool in multiply completed wells.