

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Morgan Richardson Operating Company		Well API No. 30-045-28144
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 31-15	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Foreign <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lease No. SF 078499
Location				
Unit Letter L	1610	Feet From The South Line and 1190	Feet From The West Line	
Section 15	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11/06/90	Date Compl. Ready to Prod. 12/18/90		Total Depth 2450'		P.B.T.D. 2405'			
Elevations (DF, RKB, RT, GR, etc.) 5844' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2045'		Tubing Depth 2229'			
Perforations 2106-2110, 2130-2138, 2172-2188, 2196-2202, 2212-2216, 2250-2268					Depth Casing Shoe 2450'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		265'		235			
6 1/4"	4 1/2"		2450'		325			
	2 3/8"		2229'					

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.

RECEIVED
JAN 31 1991

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GAS WELL		DIST. 3	
Actual Prod. Test - MCF/D 119	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 400 psig	Casing Pressure (Shut-in) 400 psig	Choke Size 0.375"

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
Title
Date **January 28, 1991** (505) 326-4125 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 07 1991**

By **ORIGINAL SIGNED BY ERNIE BUSCH**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.