

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator RICHARDSON OPERATING COMPANY		Well API No. 30-045-28336
Address P.O. BOX 9808, DENVER, COLORADO 80209		Ph# (303) 698-9000
Reason(s) for Filing (Check proper box) New Well ☐ ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☒ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator Morgan Richardson Operating Company, P.O. Box 9808, Denver, CO 80209		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 24-15	Well No. 1	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee Federal	Lease No. NWLF-078390
Location Unit Letter H Section 15 Township 28N Range 8W NMIM, San Juan County				
Feet From The N Line and 1075 Feet From The FEL Line				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS If well produces oil or liquids, give location of tanks.	☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978			
Unit	Sec.	Trp.	Rge.	Is gas actually connected? Yes	When?

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (D.F., RKB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
HOLE SIZE		TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT			
		CASING & TUBING SIZE							

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL		DIST. 3	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Shelley L. Keene
Printed Name **Shelley L. Keene, Production Asst.**
Date **March 5, 1993** Title **(303) 698-9000**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 8 1993**

By Burt D. Shamp
SUPERVISOR DISTRICT #3

Title

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-101 must be filed for each pool in multiply completed wells.