Submit 5 Cepies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Firm C.104 Revised 1-1-89 See Instructions at Notion of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

USTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ojenia	TO TRANS	SPORT OIL	<u>- AND NATURAL GA</u>	15			
RICHARDSON O	RICHARDSON OPERATING COMPANY				WAITATING 30-045-28059		
	8, DENVER, CO	OLORADO	80209		3) 698-9		
Reason(s) for Filing (Check proper box)			Other (l'Isase espla	in)	<del></del>	<del></del>	
New Well	Change in Tra						
Recompletion	a '	y Gar 🔲					
Change in Operator (X)	Casinghead Gas Co	ndestate 🔲					
and address of previous operator MO	rgan Richards	son Oper	ating Company	, P.O.	Box 980	8,Denver,Co	
II. DESCRIPTION OF WELL						80209	
Lease Name	ng Formation	Kind	d Lesus	Lesso No.			
Federal 41-	0 2	BASIN F	RUITLAND COAL		Tederal or Tea	NMSF-080112	
Location Unit Letter	-:_1270 is	of Firem The	S Une and 13	00 -		W	
0				Y Fe	et From The	Une	
Section & Townshi	p 28N R	ngo 8 N	, MILLI	San	Juan	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS			·	
Name of Authorized Transporter of Oil	OI Condensate		Address (Give address to wh	ich approved	copy of this form	is to be sens)	
Name of Authorized Transporter of Casing	plicad Gas Or	Dry Gas [TX]	Address (Circuit)				
EL PASO NATURAL GAS			Address (Give address to which approved copy of this form is to be sen) P.O. Box 1492, El Paso, TX 79978				
If well and divine the set of the		n. Rec					
give location of tanks.	i i i	1	Yes	Wisa	•		
this production is commingled with that	from any other lease or pool	give conuning	log order number:				
IV. COMPLETION DATA							
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Doepen	Plug Dack Sa	me Res'v Diss Res'v	
		l	1 1			1	
Date Spudded	Date Compl. Ready to Pro	ď	Tail Depth	' <del></del>	P.D.T.D.	<del></del>	
Elevations (I)F, RXB, RI', GR, etc.)	Name of Producing Formation		Top Oil Gas Pay	·	Tubing Depth		
}					snoug telen		
Perforations					Depth Cating S	live	
					{	•	
NOIE SIZE	TUINING, CA	ZING VND	CEMENTING RECOR	<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTHISET		SACKS CEMENT		
			<del></del>		[		
					}	<u> </u>	
V. TEST DATA AND REQUES	T FOR ALLOWARD	.Ē			l		
OIL WELL (Test must be after to	ecovery of total volume of le	ad oil and must	be equal to or exceed top allo Producing Method (Flow, pw	umble for this			
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pw	no, eas lite	TOY E		
			, , , , , ,	y. g ,	``lM`	•	
Length of Test	Tubing Pressure		Casing Pressure		Choke SizMAR	8 1993	
Actual Prod. During Test	I Fred During Test Oil - Bble.				,,,,,		
Transfer Burney	Oit - 11614.		Water - Bble		CO-FOHE C	ON. DIA	
CACAMPIA	L					DIST. 3	
GAS WELL Actual Frod Test - MCF/D							
Verman From Test - MCF/D	Length of Test		Bble. Condensue ALAIC!		Cisvily of Cood	kossis	
letting blethod (pilot, back pr.)	Tubing Pressure (Shut-in)		74 - proc		- n. n.	•	
, and the same of	The state (Sittle III)		Caring Pressure (Situ in)		Chota Siza		
VI OPERATOR CERTURAL	A'IT OF COLUMN				<u> </u>		
VI. OPERATOR CERTIFIC	ATE OF COMPLY	ANCE	OIL CON	CEDV	TION D		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above			OIL CONSERVATION DIVISION				
is large and complete to the best of my knowledge and belief.			MAR 8 1993				
X100 / //0.			Date Approved				
fly cult			3110				
Shelley L. Keene, Production Asst.			Dy				
i ilia			ll St	IPERVISO	OR DISTRIC	T #3	
March 5, 1993		9000	Tille				
Date	Telephor	ie tio.			_		
			ll				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.