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

## 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 Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 11	MISE	ONIO	IL AND N	ATURAL	GAS	•				
Morgan Richardson Operating Company						Well API No.						
, address					0-045-28060							
P. O. Box 1915 F	armingto	n, NM 8	87499									
reason(s) for riting (Check proper bo	x)				O	her (Please ex	olain)				<del></del>	
New Well		Change i				,	,,,					
Recompletion	Oil		Dry G									
Change in Operator  If change of operator give name	Casinghe	ad Gas	Conde	nuk 🗌		The state was a second						
and address of previous operator												
II. DESCRIPTION OF WEL	LANDER	'A C.E.										
Lease Name	L AND LE		15									
Federal 41-11		Well No.	i		ing Formation				of Lease		Lease No.	
Location		1_2	I Bas	sin Fru	iitland (	Coal		State	Federal or Fe	SF C	78390	
Unit Letter _M	. 128	RO		_								
Out Detter	:		Feet Fr	rom The	South Lie	e and96	0'	F	eet From The	West	Line	
Section 11 Town	ship 2	8N	Range	W8			_					
						МРМ,	San .	Ju <u>a</u> :	n		County	
Name of Authorized Transporter of City	NSPORTE	ER OF O	IL AN	D NATI	RAL GAS							
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)										
N					,		· · acri upp	VOVE	copy of thus	orm is to be s	eni)	
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas X	Address (Giv	e address to w	vhich app	roved	conv of this	form in to be		
El Paso Natural Ga  If well produces oil or liquids,			,		P. O.	Box 499	90 Fa	erm i	ington	NM 8749		
give location of tanks.	Unit	Sec.	Twp.	Rge.				When	7	WT 6/49	2	
If this production is comminuted with the			L		No		L		March 1	991		
If this production is commingled with the IV. COMPLETION DATA	it from any out	er lease or j	pool, give	e comming	ling order numl	ber:						
The state of the s		10:: 11::	—- <sub>1</sub> — <u>-</u>		·							
Designate Type of Completion	n - (X)	Oil Well	1 6	las Well	New Well	Workover	Deep	жп	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		A. Ready to	Prod	<u> </u>	X Total Depth						j	
11/10/90		12/14/			Total Depth	2600'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	oducing Fo			Top Oil/Gas Pay				<del></del>		a making of the comments of the		
3925' GR	Basin	Fruit1	and C	Coal	100 010001	2288'			Tubing Dept			
Perforations					1				2435'			
2288-2298, 2344-2390, and 2396-2412									Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD					2600'		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
12 1/4"		8 5/8"			265'				400			
0 1/4	4 1/2"				2600'			350				
		2 3/8"			2435'							
V. TEST DATA AND REQUE	ST EOD A	LOW	T. F									
OIL WELL (Test must be after	SI FUR A	LLUWA	BLE									
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	ai volume of	load ou	and must b	be equal to or e	exceed sop allo	wable for	this	depth or be fo	or full 24 hour	<b>3.)</b>	
	Suc of les	•		ł	Producing Met	hod (Flow, ри	mp, gas l	ift, etc	c.)			
Length of Test	Tubing Pres	Rine			Casing Pressur	<b>1</b>	Kina ik	<del>}</del>	4			
					Casing Lierenti	10	J 16.	1	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	<del>##</del>			(.)			
				1	······································	MA	R1 3	199	Gas- MCF			
GAS WELL						713 6	- FS 1	<del>,                                    </del>	4173			
Actual Prod. Test - MCF/D	Length of Te	st —			DEL. C	OL						
188	1			- 1'	Bbls. Condensa	MMCF	Dist.	3	Gravity of Co	adensate		
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-in	i)		Casing Precsure (Shut-in)				~- <del></del>	<i>:</i>		
Back Pressure	350	350			1				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	OMPI	IANO	· -	40	0						
I hereby certify that the rules and regul	0	IL CON	SER	۱/۸	TION D	VIV.(1010	A 1					
Division have been complied with and	that the inform	ation given	above	- 11	V	ic oom	OLIT	٧A	I ION D	1101010	N.	
is true and complete to the best of my knowledge and belief.					Date Approved APR 1 5 1991							
				]]	Date A	Approved	<u> </u>	IPK	1 9 199	<u> </u>		
- Suo Wal	witho				<b></b>				Λ		<del></del>	
Signature Dana Delventhal Agent					By 3.0							
Printed Name  Printed Name  Title					SUPERMORE							
March 11, 1991 326 4125					Title SUPERVISOR DISTRICT #3							
Date			one No.									

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
- 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. Separate Form C-104 must be filed for each pool in multiply completed wells.