

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I

Operator		Well API No.	
Morgan Richardson Operating Company			
Address			
P. O. Box 1915 Farmington, N.H. 07431			
Reason(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
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			

Lease Name Federal 24-15	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 078390
Location Unit Letter <u>H</u> : <u>1460</u> Feet From The <u>North</u> Line and <u>1075</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>26N</u> Range <u>30W</u> , NMPM, San Juan County				

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"/> El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) 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? No	When? March 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
			X	X					
Date Spudded 10/24/90	Date Compl. Ready to Prod. 12/06/90		Total Depth 2504'			P.B.T.D. 2460'			
Elevations (DF, RKB, RT, GR, etc.) 5890' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2116' 2222			Tubing Depth 2385'			
Perforations 2222-2230, 2286-2302, 2308-2314, 2332-2340, and 2350-2368						Depth Casing Shoe 2504'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"		260			235			
6 1/4"	4 1/2"		2504			350			
	2 3/8"		2385						

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.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 222	Length of Test 24 hrs	Bbls. Condensate/MMCF DIST. 3	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 510	Casing Pressure (Shut-in) 520	Choke Size 0.5"

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

Agent

Printed Name _____

Title

Date _____

2/13/91

(505) 326-4125

Telephone No. _____

OIL CONSERVATION DIVISION

MAR 19 1991

Date Approved

By

SUPERVISOR DISTRICT 13

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