Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hoobs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

	P.O. I	Box 208	8
Santa Fe	New N	dexico	87504-208

See Instructions

Form C 101 Revised 1-1-89

HIST BIC THE BULL BULL ARES. NIM \$7410

Hid Hishel HM., MARS, HM. 4741U	REQUEST FOR ALLOWAE TO TRANSPORT OIL	BLE AND AUTHORIZATION. AND NATURAL GAS) MC
Operator Richmond Petrol	Olim	,	Well API No.
Address	Can		·
2651 N. Harwood	l, Suite 360, Dallas, Te	xas 75201	
Reason(s) for Filing (Check proper box)		[X] Other (Please explain)	'
New Well X I	Change in Transporter of:	First Delivery	
Recompletion L. L. Change in Operator	Oil Dry Gas Casinghead Gas Condensate	•	
f change of operator give name	Camigical Oas [_] Continue [_]		
nd address of previous operator		- management of the second of	
I. DESCRIPTION OF WELL /			
Lease Name	Well No. Pool Name, Includi		Kind of Lease Lease No. State, Federal or Fee NM. 19229
Federal 29-4-32	2 Basin Fruit	land Coal Gas	NM-18328
Location Unit Letter M	. 800 Feet From The S	South Line and 790'	Leet from The West Line
Unit LetterM	rect From the	Conc. Cinc and	recramme west
Section 32 Township	29N Range 46	L , NMPM, Rio A	criba County
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which app	proved copy of this form is to be sent)
Name of Authorized Transporter of Casing	gliead Gas or Diy Gas	Address (Give address to which app	proved copy of this form is to be sent)
Northwest Pipeline If well produces oil or liquids, give location of tanks.	Unit		Salt Lake City, Utah 84108 When? 0900 by 4/28/90
If this production is commingled with that i	from any other lease or pool, give comming	ling order number:	
IV. COMPLETION DATA			
Designate Type of Completion	Oil Well Gas Well	New Well Workover Do	epen – Phig Back Same Rocky – litt Resv
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
9/9/89	10/11/89	4,466'	4,425'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 1/ nd 2
7,482 GR	Fruitland	4,226'	1-466' 4283 Depth Caving Shore
4,226' - 4,332' 4 SP	°F		4,466'
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4 "	8-5/8"	253'	150 sx
7-7/8"	5-1/2"	4.481 4259	⁷ \$50 sx
	2 3/8	7285	· ·
V. TEST DÄTÄ ÄND REQUE	ST FÖR ALLOWARLE		ı
	recovery of total volume of load oil and mu	st be equal to or exceed top allowable	for this digith or be for full 24 hours)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	
Length of Test	Tubing Pressure	Casing Pressure	Chrodian E 8 8 1
	Annuary ex	Water - Hole.	GA MCF
Actual Prod. During Test	Oil - Bbls.	Water - from.	
ALCOHOLI		.1	AFR1 3 1990
GAS WELL Actual Prod. Ten - MCI/D	Length of Test	Bbls. Condensate/MMCF	CALOGON: DIV
48 Lesting Method (pitot, back pr.)	24 hours Tubing Pressure (Shut in)	Caking Pressure (Shut in)	Choke Size
back pressure	100	100	
VI. OPERATOR CERTIFIC		11	TOVATION DIVIDION
I hereby certify that the rules and regu	flations of the Oil Conservation	OIL CONSE	ERVATION DIVISION
Division have been complied with and			MAY 69 1000
is true and complete to the best of my	MIOWICHE MIN OCHCI.	Date Approved	MAY 0 2 1990
14.		_	. 1
Signature		By	Bus Carl
Stoven S. Dunn	Engineer	St	JPERVISOR DISTRICT #3
Printed Name 4/16/90	Title 505-327+9801	Title	THOUR DISTRICT #3
47 107 70	JUJ JEI JUUI	1.1	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.