

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Richardson Operating Co.		Well API No. 30-045-28930
Address P. O. Box 9808 Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	# 9
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal FC 2 13636	Well No. 1	Pool Name, Including Formation Main Fruitland Coal	Kind of Lease State, Federal, or Fee	Lease No. 10021110
Location				
Unit Letter H	1047'	Feet From The North	Line and 1541'	Feet From The West
Section 9	Township 23N	Range 12E	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> 22/3730 CAS 900#	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 type="checkbox"/> El Paso Natural Gas Co. Richardson Oper. Co.	Address (Give address to which approved copy of this form is to be sent) Box 9808 Denver Co.	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	is gas actually connected? When?	
	No As soon as possible	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA 22/3750

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/14/92	Date Compl. Ready to Prod. 1/1/93	Total Depth 1712'	P.B.T.D. 1680'					
Elevations (DF, RKB, RT, GR, etc.) 5710' GS	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1712'	Tubing Depth 1733'					
Perforations 1712'-1734'			Depth Casing Shoe 1680'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 3/4"	7"	132'	60 sx Class B
8 1/4"	4 1/2"	1009'	220 sx Class B
	2 3/8"	1733'	

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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D No Flow	Length of Test 10 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/8"

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.

Bruce E. Delventhal
Signature
Bruce E. Delventhal, A.M.C.
Printed Name
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 10 1993

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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) Submit Form C-104 with this form.