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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

CONFIDENTIAL

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Richmond Petroleum		Well API No.
Address 2651 N. Harwood, Suite 360, Dallas, Texas 75201		
Reason(s) for Filing (Check proper box) <input checked="" 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"/>	First Delivery
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 8-26	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State, Federal, Indian	Lease No. NM6894
Location				
Unit Letter A	: 840'	Feet From The North	Line and 840'	Feet From The East
Section 26	Township 32 N	Range 8 W	NMIM,	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline	P. O. box 58900
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
A 26 32N 8W	no by 4/29/90

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					
Date Spudded 8/25/89	Date Compl. Ready to Prod. 9/20/89	Total Depth 3,600'	P.H.T.D. 3,597'					
Elevations (DF, RKB, RI, GR, etc.) 6,782'	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3,240'	Tubing Depth 3,245'					
Perforations 54' KB - 3,551' KB	4 SPF	3240-3680	Depth Casing Shoe 3,600'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	285' KB	150 sx					
8-3/4"	7"	3138.94' KB	210 sx					
6-1/4"	5-1/2"	3600' KB	uncemented					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid 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.

RECEIVED

APR 18 1990

OIL CON. DIV

DIST

GAS WELL

Actual Prod. Test - MCF/D 119	Length of Test 24 hour	Bbls. Condensate/MNCF	Gravity Condensate
Testing Method (pilot, back pr) back pressure	Tubing Pressure (Shut in) 90	Casing Pressure (Shut in) 90	Choke Size 48/64

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
Steven S. Dunn
Printed Name
4/16/90
Date
Engineer
Title
505-327-9801
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 02 1990

By
Title
SUPERVISOR DISTRICT #3

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 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-101 must be filed for each pool in multiply completed wells.