

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

B.K.

API 30-039--22093

I.

Operator ENERGY RESERVES GROUP	
Address P.O. BOX 3280 , Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla #35	Well No. 7	Pool Name, Including Formation Otero-Gallup ext	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla
Location Unit Letter F ; 2326 Feet From The North Line and 1840 Feet From The West				
Line of Section 1 Township 24N Range 5W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd., NE Albuquerque, NM 87110					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas, 79999					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35	Twp. 25N	Rge. 5W	is gas actually connected? NO	When W.O. Pipeline

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-18-79	Date Compl. Ready to Prod. 10-11-79	Total Depth 6,620'	P.B.T.D. 6,575'					
Elevations (DF, RKB, RT, GR, etc.) FRD 6773'KB 6,786'	Name of Producing Formation Gallup	Top Oil/Gas Pay 6,094'	Tubing Depth 6,237'					
Perforations 6,170'-86'; 6,269'-74'; 6,292'-96'; 6,300'-04'; 6,332'-37'; 6,372'-76' w/ 1JSFP		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 405KB		SACKS CEMENT 275 sks "B"+2% CACL2 + 1/2 /sk Flocele			
7-7/8"	4 1/2"		6,619'KB		Stage collar @ 3,949- 1st stage 275 sks			

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 Tanks 10-2-79	Date of Test 10-10-79	Producing Method (Flow, pump, gas lift, etc.) Pumping 1 1/2 rod pump	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test 15 BFPD	Oil-Bbls. 10 BOPD	Water-Bbls. 5BWPD	Gas-MCF 39

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Judith Ross  
(Signature)  
District Clerk  
(Title)  
October 23, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE DEPUTY COMMISSIONER

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply