

10

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30--039-22094

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator

ENERGY RESERVES GROUP, INC.

Address

P. O. Box 3280, Casper, Wyoming 82602

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Tract 35	10	Otero-Gallup	State, Federal or Fee Indian	09
Location				
Unit Letter <u>Lot 6</u> : <u>1,261</u> Feet From The <u>North</u> Line and <u>1,840</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>24N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	4775 Indian School Rd. NE, Albuquerque, NM 87111					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P. O. Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	L	35	25N	5W	No	

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

V. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-1-79	9-25-79	6,633'	6,587'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GRD 6,669', KB 6,792'	Gallup	6,118'	6,166'					
Perforations	Depth Casing Shoe							
6,118'-24', 6,177'-85', 6,286'-92', 6,298'-6,305', 6,380'-88'								
6,632' KB								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		518' KB		325			
7-7/8"	4 1/2"		6,632' KB		920			

I. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-26-79	9-28-79	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs	40 psi	40 psi	none
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
45 bbls.	22	23 (frac load water)	65

GAS WELL Note: Well is still being tested

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

I. 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.

Madith L. Rose
(Signature)
District Clerk
(Title)
October 3, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original
TITLE SUPERVISOR OF MINES II

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