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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and C
Effective 1-1-65
B.R.

30-039-20596

Operator Energy Reserves Group, Inc.	
Address P. O. Box 3280, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 35	Well No. 8	Pool Name (Including Formation) West Judith Gallup - Basin Dakota Dakota ext	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla
Location Unit Letter I ; 1750 Feet From The South Line and 840 Feet From The East Line of Section 36 Township 25N Range 5W , NMPM, Rio Arriba County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Industries, Inc. Refinery	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City, Utah 84110					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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:

3. 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 1-24-80	Date Compl. Ready to Prod. 4-23-80	Total Depth 7517'	P.B.T.D. 7474'					
Elevations (DF, RKB, RT, GR, etc.) Grd 6921' KB 6935'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7377'	Tubing Depth 7415'					
Perforations 7378' - 82'; 7392'; 7406' - 08'; 7420' - 28' w/1 JSPF (18 holes)		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	449' KB	300 sx. "E" & 3% CaCl ₂					
			+ 1#/sk. Flocele					
7-7/8"	4-1/2"	7517' KB	* See back of page					
	2-3/8"	7415'						

4. TEST DATA AND REQUEST FOR ALLOWABLE

(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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

OIL

*Tested w/orifice well tester thru test separator

Actual Prod. Test-MCF/D. 259	Length of Test 24 hrs.	Bbls. Condensate/MMCF 19	Gravity of Condensate 41.5
Testing Method (pilot, back pr.) * See above note	Tubing Pressure () 50 psi	Casing Pressure (Shut-in) 400 psi	Choke Size 3/4"

5. 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.

Justith Ross
(Signature)
DISTRICT CLERK
(Title)
5-14-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 21 1980, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

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 deviated 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 multiple.

* 4-1/2" cementing record
1st stage - 540 sx. 50-50 Pozmix +
2% Gel - DV tool @ 5,546'
2nd stage - 870 sx. 65-35 Pozmix +
6% Gel + 1/4# sk. Flocele followed
w/100 sx. "B" + 1/4#/sk. Flocele.