

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supers. C-104 and C-105
Effective 1-1-65

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

DESCRIPTION OF WELL AND LEASE

Lease Name O.H. Randel	Well No. 6	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location Unit Letter <u>G</u> ; <u>1820</u> Feet From The <u>North</u> Line and <u>1710</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>26N</u> Range <u>11W</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <input type="checkbox"/> When
					No <input type="checkbox"/> W.O. Pipeline <input type="checkbox"/>

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

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 4-9-80	Date Compl. Ready to Prod. 7-10-80	Total Depth 6375'	P.B.T.D. 6336'					
Elevations (DF, RKB, RT, GR, etc.) Grd 6366' KB 6379'	Name of Producing Formation Dakota	Top Oil/Gas Pay 6248'	Tubing Depth 6292'					
Perforations 6295'-6306'w/1 JSPF			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	853' KB	500 sx "B" + 2% CACL ₂
			+1#/sx Flocele
7-7/8"	4-1/2"	6371'	*See back of page
	2-3/8"	6292'	

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

GAS WELL *Tested w/orifice well tester thru test separator

Actual Prod. Test-MCF/D 1269	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 10	Gravity of Condensate 50°
Testing Method (pilot, back pr.) *See above note	Tubing Pressure (Shut-in) 450 PSI	Casing Pressure (Shut-in) 525 PSI	Choke Size 1/2"

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)
7-11-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 14 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 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

Cementing 4-1/2"

1st Stage - 325 sx 50-50 Pozmix +2% gel
+1/4#/sk Flocele followed
w/165 sks "G" 10% salt +
1/4#/sk Flocele.

Stage Collar @ 4,474'

2nd Stage - 390 sx "Lite" +10#/sk Gilsonite
followed w/700 sks
50 -50 Pozmix + 2% gel + 12-
1/2#/sk Gilsonite.