

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes OIL C-104 and C  
Effective 1-1-65

SANTAGO		
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name O. H. Randel	Well No. 2-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location Unit Letter J : 1700 Feet From The South Line and 1800 Feet From The East Line of Section 10 Township 26N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining, Inc.	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 checked="" type="checkbox"/> El Paso Natural Gas Co.	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? When
					NO W. O. Pipeline

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 4-5-80	Date Compl. Ready to Prod. 5-20-80	Total Depth 6395'	P.B.T.D. 6352'					
Elevations (DF, RKB, RT, GR, etc.) GRD 6364' KB 6378'	Name of Producing Formation Dakota	Top Oil/Gas Pay 6262'	Tubing Depth 6314'					
Perforations 6310'-16'; 6326'-30' w/1 JSPF (12 holes)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	955'	665 sx Class "G" w/2% CAI2 + 1/4# Celloflake					
7-7/8"	4-1/2"	6391'						
	2-3/8"	6314'						

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	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 357	Length of Test 24 HRS	Bbls. Condensate/MMCF 9	Gravity of Condensate 36.1
Testing Method (pilot, back pr.) * See above note	Tubing Pressure 50 PSI	Casing Pressure (Shut-in) 150 PSI	Choke Size 48/64"

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.

Judith Ross  
(Signature)  
District Clerk  
(Title)  
6-11-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
JUN 16 1980  
Original Signed by FRANK T. CHAVEZ, 19  
BY  
SUPERVISOR DISTRICT 3  
TITLE

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