

REGULATIONS OF THE OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes O.M. C-104 and C
 Effective 1-1-65

| | |
|------------------|-----|
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

I. 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. 1-E | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. NM-03153 |
| Location Unit Letter <u>I</u> ; <u>1620</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>9</u> Township <u>26N</u> Range <u>11W</u> , 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, N.M. 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 3-25-80 | Date Compl. Ready to Prod. 6-5-80 | Total Depth 6320' | | P.B.T.D. 6276' | | | | |
| Elevations (DF, RKB, RT, CR, etc.) KB 6330' 3L + 14' | Name of Producing Formation Dakota | Top Oil/Gas Pay 6196' | | Tubing Depth 6254' | | | | |
| Perforations 6236'-45'; 6248'-50'; 6254'-56' w/1 JSPF (13 holes) | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 12-1/4" | 8-5/8" | 907' KB | | 550 sx "B" + 3% CaCl ₂ + 1/4#/sx Celloflake | | | | |
| 7-7/8" | 4-1/2" | 6316' | | See Back of Page | | | | |
| | 2-3/8" | 6254' | | | | | | |

VI. 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 315 | Length of Test 24 hrs | Bbls. Condensate/MMCF 5 | Gravity of Condensate 38.6 |
| Testing Method (pilot, back pr.) *See above note | Tubing Pressure () 40 PSI | Casing Pressure (Shut-in) 300 PSI | Choke Size 35/48" |

VII. 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 L. Ross
 (Signature)
 District Clerk
 (Title)
 6-13-80
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ
 SUPERVISOR DISTRICT _____

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

*4-1/2" Cementing

1st Stage - 226 sx 50-50 Pozmix w/2% Gel + 1/4#/sx Flocele, Followed w/363 sx "B" w/10% Salt + 1/4#/sx Flocele.

2nd Stage - 924 sx Howco Lite w/10#/sx Gilsonite, followed w/100 sx 50-50 Pozmix 2/2% Gel + 12-1/2#/sx Gilsonite.