

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old 1-104 and C-1
Effective 1-1-65

Operator

Energy Reserves Group, Inc.

Address

P.O. Box 3280, Casper, WY 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 O.H. Randel	Well No. 7	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location Unit Letter <u>D</u> ; <u>1150</u> Feet From The <u>North</u> Line and <u>1150</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>26N</u> Range <u>11W</u> , NMPM, San Juan County				

I. 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)
Giant Refining, Inc.	Box 256, Farmington, N. Mexico 87401
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 Co.	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:

II. 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 2-2-81	Date Compl. Ready to Prod. 3-30-81	Total Depth 6285'	P.B.T.D. 6265'					
Elevations (DF, RKB, RT, CR, etc.) GL 6320'; KB 6332	Name of Producing Formation Dakota	Top Oil/Gas Pay 6165'	Tubing Depth 6244'					
Perforations 6204'-08'; 6212'-24'; 6228'-30'; 6232'-38'; 1JSPF(28 perforations)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	838'	500 sx "B"+2% CACL ₂					
			+ 1/4# Celloflake/sx					
7-7/8"	4-1/2"	6288'	* SEE BACK OF PAGE					
	2-3/8"	6244"						

III. 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.	

APR 10 1981
OIL CON. COM.
DIST. 3

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

Actual Prod. Test-MCF/D 1076	Length of Test 24 hrs.	Bbls. Condensate/MMCF 5	Gravity of Condensate ± 50°
Testing Method (pilot, back pr.) * See above note	Tubing Pressure 225 PSI	Casing Pressure (Shut-in) 300 PSI	Choke Size 7/16"

IV. 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.

District Clerk

4-7-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1981, 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 multiple.

4-1/2" casing cementing - 1st stage - 200
sx 50-50 Pozmix w/1/4# Flocele/sx
followed by 200sx "B" w/10% Salt
+ 1/4# Flocele/sx. 2nd stage - 350
sx Light w/10# Gilsonite/sx followed
by 600 sx 50-50 Pozmix w/12-1/2#
Gilsonite/sx.