

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

Replaces O.C. 1-142 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)	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

I. DESCRIPTION OF WELL AND LEASE

Lease Name O.H. Randel	Well No. 6-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location				
Unit Letter P; 940 Feet From The South Line and 790 Feet From The East				
Line of Section 15 Township 26N Range 11W, NMPM, San Juan County				

II. 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:

III. 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 1-12-81	Date Compl. Ready to Prod. 3-15-81	Total Depth 6347'	P.B.T.D. 6304'					
Elevations (DF, RKB, RT, GR, etc.) GL 6383'; KB 6395'	Name of Producing Formation Dakota	Top Oil/Gas Pay 6230'	Tubing Depth 6270'					
Perforations 6274'-6284'; 0.39"Hole; 11 Holes			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	840'	600 sx Class "B" w/3%
			CACL <sub>2</sub> & 1/4# Flocele/sx
7-7/8"	4-1/2"	6346'	(SEE BACK)
	2-3/8"	6270'	

IV. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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

Actual Prod. Test-MCF/D 311	Length of Test 24 hrs	Bbls. Condensate/MMCF 6	Gravity of Condensate 1.300
Testing Method (pilot, back pr.) * See above note	Tubing Pressure ( ) 200 PSI	Casing Pressure (Shut-in) 330 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.

District Clerk

(Signature)

(Title)

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 multiply

Cementing 5-1/2" - 1st stage: 250 sx 50-50  
Pozmix w/2% Gel & 1/4# Floccle/sx,  
Followed by 170 sx Class "B" w/10%  
Salt & 1/4# Floccle/sx

2nd stage: 500sx  
"Light" w/6% Gel & 10# Gilsonite/sx,  
followed by 550 sx 50-50 Pozmix w/2%  
Gel & 12.5# Gilsonite/sx.