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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

3049 1N-85
4-3-85

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"/>

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OIL CON. DIV.)

DIST. 3

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lessee Name O. H. Randel	Well No. 9	Pool Name, including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location Unit Letter <u>E</u> : <u>1740</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	P. O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" 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, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 15 27N 11W	No WOPL

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.
XX	XX							
Date Spudded 12-28-84	Date Compl. Ready to Prod. 2-22-85	Total Depth 5600'	P.B.T.D. 5554'					
Elevations (DF, RKB, RT, GR, etc.) GR 6334', KB 6347'	Name of Producing Formation Gallup	Top Oil/Gas Pay 5330'	Tubing Depth 5502'					
Perforations 5330'-5488', 75 shots			Depth Casing Shoe 5596'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8-5/8	305	200 sx C1 B w/2%CaCl ₂					
			1/2#/sx Flocele					
7 7/8	4 1/2	5596	See Back					
	2 3/8	5502						

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 2-22-85	Date of Test 3-1-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 38	Choke Size 3/8"
Actual Prod. During Test 20 bbls	Oil-Bbls. 20	Water-Bbls. -0-	Gas-MCF 170

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.



(Signature)

District Clerk

(Title)

3-4-85

(Date)

OIL CONSERVATION COMMISSION

FEB 07 1985

APPROVED _____, 19 _____

BY _____ Original Signed by FRANK T. CHAVEZ

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 completed wells.

4½ Casing cemented as follows: 600 sx High Lift w/3% salt & ¼#/sx Celloflake
followed by 300 sx 50-50 Pozmix w/2%gel, 10%
salt, ¼#/sx Flocele
Cmt top at 2900'

24' (Perf'd @ 2035' & pumped 400 sx Lite followed
by 100 sx Class "B" w/2% CaCl₂ & ¼#/sx
Flocele.