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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

I.

Operator, Energy Reserves Group, Inc.	
Address P.O. Box 3280, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. H. Pipkin	Well No. 19	Pool Name, including Formation Fulcher Kutz Pict. Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078019
Location				
Unit Letter <u>D</u> ; <u>1100</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Southern Union Gathering Company	Fidelity Union Tower, Dallas, Texas 75201	
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:

IV. 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 9-25-81	Date Compl. Ready to Prod. 10-30-81	Total Depth 1910'	P.B.T.D. 1851'					
Elevations (DF, RKB, RT, GR, etc.) 5922' KB (GR + 5')	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1717'	Tubing Depth 1764'					
Perforations 1718'-1720'; 1738'-1744'; 1748'-1755' w/1 JSPF (18 perfs)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7"	122'	60 sx "B" w/2% CaCl ₂ & 1/4# Flocele/sk					
6-1/4"	4-1/2"	1891'	375 sx 50-50 Pozmix w/2% Gel, 0.5% CER-2, & 1/4# Flocele/sk					
	2-3/8"	1764'						

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
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 680	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pitot, back pr.) *See above note	Tubing Pressure 200 psi	Casing Pressure (Shut-in) -	Choke Size 3/8"

VI. 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

(Title)

11-24-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 30 1981, 19_____
Original Signed by FRANK T. CHAVEZ
BY _____

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 completed wells.