

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 C-104 and C-1
Effective 1-1-65

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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Farnsworth Gas Unit "A"	Well No. 1-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-09867A
Location				
Unit Letter E ; 1520 Feet From The North Line and 800 Feet From The West				
Line of Section 17 Township 30N Range 13W , NMPM, San Juan County				

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 Refinery	P.O. Box 256, Farmington, New 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 990, Farmington, New Mexico 87401	
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:

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 9-9-80	Date Compl. Ready to Prod. 10-9-80		Total Depth 6,220'			P.B.T.D. 6,178'		
Elevations (DF, RKB, RT, GR, etc.) GL 5,564' KB 5,578'	Name of Producing Formation Dakota		Top Oil/Gas Pay 6,020'			Tubing Depth 6,164'		
Perforations 6,138' - 6,158' w/1 JSPF (21 Perfs)						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"		367'			325 sx "B" + 2% CaCl ₂		
						+1/4# Flocele sx		
7-7/8"	4-1/2"		6,219'			*See back of page		
	2-3/8"		6,164'					

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 1421	Length of Test 24 hrs	Bbls. Condensate/MMCF 10	Gravity of Condensate + 56°
Testing Method (pilot, back pr.) *See above note	Tubing Pressure () 310 psi	Casing Pressure (Shut-in) 480 psi	Choke Size 16/64"

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.

Indith Rose
(Signature)
District Clerk
(Title)
10-17-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 27 1980, 19_____
BY Original Signed by FRANK T. HAVAZ
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 Record - 4-1/2"

1st stage - 360 sx "B" w/10% salt

2nd stage - Stage Collar @ 4,270'

275 sx Lite w/1/4# Flocele/sx
followed by 360 sx 50-50 Poz
w/2% gel & 1/4 # Flocele/sx

3rd stage - Stage Collar @ 1,652'

570 sx Lite w/1/4# Flocele/
sx. Temp survey cement top
@ 500'.