					<u> </u>			
	and the second second				-1.4			
	SAUVAPL		OR AL LOMABLÉ :		Scharteles Oid Ellentive 1-1-65			
-	PILE .		AND					
LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
ŀ	OIL							
	TRANSPORTER GAS							
	OPERATOR			. •	•			
	PRORATION OFFICE							
	Energy Reserves Group, Inc.							
-	Address					;		
	P.O. Box 3280, Casper,	Wyoming 82602						
	Reason(s) for Illing (Check proper box)		Other (Please	explain)	,			
	New Well X	Change in Transporter of:	·		. •			
	Recompletion	Oil Dry Gas	一一					
l	Change in Ownership	Casinghead Gas Condens	ate []					
	If change of ownership give name							
	and address of previous owner							
١.	DESCRIPTION OF WELL AND L	EASE	(Unit #14-	08-001-383	5)			
i	Lease Name	Well No. Pool Name, Including For		Kind of Lease State, Federal (. F	Lease No.		
	Federal Gas Com 1	1-A Blanco Mesaver	rde	State, Federal C	ree Fee	IM019414		
	Location T 160	Nonth	and 1690	Feet From Th	West			
	Unit Letter F : 160	O Feet From The North Line	and	Feet 7 rom Th	e 11030			
	Line of Section 20 Town	nship 32N Range	12W , NMPM	. San J	uan	County		
1								
ī.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Andrees (Civil address	to which approve	d conv of this form is to	o he sent)		
	ame of Authorized Transporter of Oil or Condensate [7] Address (Give address to which approved copy of this form is to be sent)							
	NOT COMMITTED Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)							
	El Paso Natural Gas Co.		Box 990, Farmi	ngton, New	Mexico 87401	·		
	If well rroduces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect					
İ	give location of tanks.	1	No	<u>. W.</u>	O. Pipeline	 		
If this production is commingled with that from any other lease or pool, give commingling order number:					i			
₹.	COMPLETION DATA	Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Dill. Res'v.		
	Designate Type of Completion	n = (X)	Х		<u> </u>			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	. 6-5-80	8-31-80	5',115'		5,061 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Fay 4,113		4,838 °			
	5,914' G.L.; 5,930' K.B.	Mesaverde	H 6101 H 6101	11 6301	Depth Casing Shoo			
Perforations 4 5444, 657, 4, 663, 4, 663, 4, 663, 4, 667, 4, 688, 4, 64, 688, 688, 688, 688, 688								
	4,740,4,751,4,757,4,7	TUBING, CASING, AND	CEMENTING RECOR	RD.				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEM			
	12-1/4"	9-5/8"	219'		150 sx "B" + 3			
	0.0/11	711	2,528'		+岩#/sx Flocele *See back of n			
	8-3/4"	2-3/8"	4,838'		Dec Dack of			
7.8	TEST DATA AND REQUEST FO	DR ALLOWARIE. (Test must be of	ter recovery of total vol	ime of load oil a	nd must be equal to or	exceed top allow		
٧.	OIL WELL	able for this de	,					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas iiji		\		
		Tubing Pressure	Casing Pressure		Choke Size	1		
	Length of Test	I damy Piere de			Choke Size	' \		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	10	GONNOF 1980	7		
					COM	<i></i>		
				•	· 1.3 "/	′		
		orifice well tester thru	test separator	· c	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	, F	54.3			
	2700 Testing Method (pitot, back pr.)	24 hrs Tubing Pressure(Casing Pressure (Ehu	t-in)	Choke Size			
	*See above note	420 psi	695 psi	=	1/2"			
	1 200 42010 11000		~ 					

I. 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.

20012 12 1122		•
· •	ndith Koss	
	Signaiure) Clerk	
	(Tile) 9-5-80	
· · · · · · · · · · · · · · · · · · ·	(Date)	

OIL CONSERVATION COMMISSION

APPROVED SEP Original Signed by	<u>8 1980</u> .	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 despend well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for silow-able 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. Senarate Forms C-104 must be filed for each pool in multiply

No DST's, cores, or sample description - drilled w/air through pay zone.

Cementing Record - 7"

190 sx "B" 50-50 Poz w/6% gel followed by 50 sx "B" w/2% CaCl₂.

Cementing Record - 4-1/2"

370 sx "B" 50-50 Poz w/6% gel + 1/4#sx

Flocele, & .6% Halad -9.

TABULATION OF DEVIATION TESTS

ENERGY RESERVES GROUP, INC.

Federal Gas Com Unit #1-A

DEPTH	DEVIATION
740'	3/4°
1,240'	1°
2,255'	1-3/4°
3,027'	1/2°
4,678'	2°
5,112'	2-3/4°



$\underline{A} \ \underline{F} \ \underline{F} \ \underline{I} \ \underline{D} \ \underline{A} \ \underline{V} \ \underline{I} \ \underline{T}$

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken in ENERGY RESERVES GROUP, INCORPORATED'S Federal Gas Com Unit #1-A, NE NW Sec. 20-T32N-R12W, San Juan County, New Mexico

Signed District Production Engineer

THE STATE OF WYOMING)

OUNTY OF NATRONA

OUNTY OF NATRONA

BEFORE ME, the undersigned authority, on this day personally appeared J.E. Jones known to me to be District Engineer for Energy Reserves Group, Inc. and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this _____ day of ______ 1980.

JUDITH L. ROSS - Norary Public
County of
Natrona
Wyoming
My Commission Expires Mar. 14, 1983

Notary Public

My Commission Expires March 14 1983