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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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
 Operator: Energy Reserves Group, Inc.
 Address: P. O. Box 2347, Midland, Texas 79702
 Reason(s) for filing (Check proper box):
 New Well: Change in Transporter of:
 Recompletion: Oil: Dry Gas:
 Change in Ownership: Casinghead Gas: Condensate:
 Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE Nadine Drinkard also R-6420
 Lease Name: Foster 'B' Well No.: 1 Pool Name, Including Formation: Nadine Drinkard Kind of Lease: State, Federal or Fee Fee: Fee Lease No.:
 Location:
 Unit Letter: 0 : 660 Feet From The S Line and 1980 Feet From The E
 Line of Section: 14 Township: 19S Range: 38E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Tesoro Petroleum Corporation Address (Give address to which approved copy of this form is to be sent): P. O. Box 2374, Midland, Texas 79702
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent): Bartlesville, Oklahoma
 If well produces oil or liquids, give location of tanks: Unit: 0 Sec.: 14 Twp.: 19 Pge.: 38 Is gas actually connected? Yes When:

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.
 Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
 Elevations (DF, RAB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
 Perforations: Depth Casing Shoe:
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Size:
 Actual Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:

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

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.
Jack Calcutt
 District Clerk
 August 30, 1979

OIL CONSERVATION COMMISSION
SEP 4 1979
 APPROVED _____, 19____
 BY: Jerry Sexton
 TITLE: Dist. 1. Supv.
 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 deviating 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 conditions.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.