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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

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"/>

*well number from 3E*

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name O. H. Randel	Well No. <del>28</del> 9	Pool Name, including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location Unit Letter F ; 1550 Feet From The North Line and 1520 Feet From The West				
Line of Section 9 Township 26N Range 11W , NMPM, San Juan County				

III. 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) Box 256, Farmington, N. M. 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) P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit 9	Sec. 26N
	Twp. 11W	Pge. No
		When 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-14-81	Date Compl. Ready to Prod. 6-2-81	Total Depth 6350'	P.B.T.D. 6305'					
Elevations (DF, RKB, RT, CR, etc.) GL 6338'; KB 6351'	Name of Producing Formation Gallup	Top Oil/Gas Pay 5279'	Tubing Depth 5607'					
Perforations 5421'-23'; 5434'-36'; 5549'-50'; 5553'-54'; 5583'-84'; 5587'-89' w/1		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD JSPF (15 Perfs)								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	914'	600 sx "B" w/2% CaCl <sub>2</sub> &					
			1/4# Flocele/sx					
7-7/8"	4-1/2"	6348'	*see back of page					
	2-3/8"	5607'						

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 6-2-81	Date of Test 6-2-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. 0	Gas-MCF 17

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	CHOKED

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.

*Judith Ross*  
(Signature)  
District Clerk  
(Title)  
6-24-81  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_  
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.

\*Cont'd from front page:

4-1/2" csg. cemented - 1st stage w/175 sx 50-50 Pozmix w/2% Gel & 1/4# Flocele/sk. Then 200 sx "B" w/10% Salt & 1/4# Flocele/sk. Cemented 2nd stage w/450 sx HOWCO Lite & 10# Gilsonite/sk. Then 615 sx 50-50 Pozmix w/2% Gel & 12-1/2# Gilsonite/sk. Squeezed DV Tool @ 4,609' w/75 sx "B" w/additives.