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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 1-1-85

Operator	ENERGY RESERVES GROUP, INC.		
Address	P. O. Box 3280, Casper, WY 82602		
Reason(s) for filing (Check proper box)	Other (Please explain)		RECEIVED JUL 29 1985 OIL CON. DIV DIST. 2
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O. H. Randel	8	West Kutz Pictured Cliffs	State, Federal or Fee Federal	NM03153
Location				
Unit Letter	F	1550 Feet From The North Line and 1520 Feet From The West		
Line of Section	9	Township 26N Range 11 W	NMPM, San Juan	County

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)					
El Paso Natural Gas	P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	WOPL

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.
		XX		XX	-	XX		XX
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-14-81	7-31-82	6350	2530					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GL 6338', KB 6351'	Pictured Cliffs	1718	1732					
Perforations			Depth Casing Shoe					
1718-1724 w/2 JSPF (13 Perfs)			6348					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	914'	600 sx 'R' w/2%CaCl <sub>2</sub>					
			8 1/4#Flocele/sx					
7-7/8"	4-1/2"	6348	See back					
	2-3/8"	1732						

TEST DATA AND REQUEST FOR ALLOWABLE (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
235MCF/D	24 hrs	0	NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	160 psia	170 psia	1/4"

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.

  
(Signature)  
District Clerk  
(Title)  
July 25, 1985  
(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.

Cementing record Cont from front page:

4-1/2" csg: Cemented 1st stage w/175 sx 50-50 Pozmix w/2% Gel & 1/4# Flocele/sx.  
Then 200 sx "B" w/10% salt & 1/4# Flocele/sx.  
Cemented 2nd stage w/450 sx HOWCO Lite & 10# Gilsonite/sx. Then 615  
sx 50-50 Pozmix w/2% Gel & 12-1/2 # Gilsonite / sx.

Squeeze: DV Tool @ 4,609' w/75 sx "B" w/additives

Plugs: Set 34 sx Class 'B' plug from 5638' to 5230'. Set 8 sx Class "B"  
plug from 2630' to 2530'.