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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

3240/n

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"/>

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OIL CON. DIV.
DIST. 3

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

DESCRIPTION OF WELL AND LEASE				
Lease Name O. H. Randel	Well No. 11	Pool Name, including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03153
Location				
Unit Letter J ; 1630 Feet From The South Line and 1980 Feet From The East				
Line of Section 10 Township 26N Range 11W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Gian Refining Co		P. O. Box 256, Farmington, NM 87401		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co		P. O. Box 1492, El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 10	Twp. 26N	Rge. 11W
				Is gas actually connected? Yes
				When 09-09-85

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-18-85	Date Compl. Ready to Prod. 8-29-85
Elevations (DF, RKB, RT, GR, etc.) 6360-GR, 6374-KB	Name of Producing Formation Gallup
Perforations 5368-5640, 35 shots	Total Depth 5700
	Top Oil/Gas Pay 5368
	Tubing Depth 5621
	Depth Casing Shoe 5704

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	309	225sx ClB w/2% Cacl ₂ & 1/4#/sx Flocele
7 7/8	4 1/2	5704	1900 sx 50-50 Pozmix, 65-35
	2 3/8	5621	Pozmix, Cl B w/additives

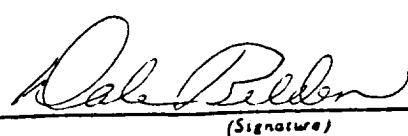
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-9 -85	Date of Test 9-10-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 45#	Choke Size None
Actual Prod. During Test 12 bbls	Oil - Bbls. 12 bbls	Water - Bbls. -0-	Gas - MCF 46

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)	Choke Size

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)
Dale Belden District Clerk
(Title)
September 16, 1985
(Date)

OIL CONSERVATION COMMISSION
SEP 19 1985

APPROVED _____, 19____
Original Signed by FRANK T. CHAVEZ
BY _____
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.