

# AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONTACT		1
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		3
PRODUCTION OFFICE		

Operator

ENERGY RESERVES GROUP, INC.

**Address**

P. O. Box 3280, Casper, Wyoming 82603

Reason(s) for filing (Check proper box)

Other (Please explain)

New We! ☒

**Change in Transporter of:**

## Recompletion

Oil

**Dry Gas**

Change in Ownership ☐

### Castinghead Gas

Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name E. H. Pipkin	Well No. 7-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078019
Location Unit Letter <u>J</u> : <u>1520'</u> Feet From The <u>South</u> Line and <u>1520'</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

## 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Is gas actually connected?		When	
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)			
Giant Refining, Inc.					P. O. Box 256, Farmington, NM 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)			
Southern Union Gathering Co.					First International Bldg., Dallas, Tx 75270			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When	
	J	35	28N	11W	No		W. O. Pipeline	

If this production is commingled with that from any other lease or pool, give commingling order number:

### V. COMPLETION DATA

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 10-27-79		Date Compl. Ready to Prod. 12-17-79		Total Depth 6514'		P.B.T.D. 6470'			
Elevations (DF, RKB, RT, GR, etc.) GRD 5899' KB 5909'		Name of Producing Formation Dakota		Top Oil/Gas Pay 6265'		Tubing Depth 6402'			
Perforations 6343'-54' 6358'-61'; 6377'-80' (20 holes)						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		842'KB		625 sks 'B' +2%CaCl <sub>2</sub>				
7-7/8"	4-1/2"		6513'KB		1st stge-100sks 50-50Poz				
					+335sks 'B' stge colr 4584				
	2-3/8"		6402'		2ndstge 650sks 65-35Poz				
					+400 sks 50-50 Poz				

## 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 greater than allowable for this depth or be for full 24 hours)

OIL WELL			
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 Well tested w/ orifice well tester thru test separator

Actual Prod. Test-MCF/D 872	Length of Test 24hrs	Bbls. Condensate/MMCF 13.12	Gravity of Condensate 50°
Testing Method (pilot, back pr.) See above note*	Tubing Pressure (Shut-in) 125psi	Casing Pressure (Shut-in) 260psi	Choke Size 1/2"

## 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.

OIL CONSERVATION COMMISSION

APPROVED JAN 14 1980  
Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_  
TITLE **DEPUTY OIL & GAS INSPECTOR** 1-1-1960

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 III.

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