

STATE WY  
FILE 7  
U.S.G.S. ✓  
LAND OFFICE ✓  
TRANSPORTER OIL 1  
GAS 1  
OPERATOR 3  
PRODUCTION OFFICE ✓

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105  
Effective 1-1-55

API 30-045-23819

Operator  
ENERGY RESERVES GROUP, INC.  
Address  
P. O. Box 3280, Casper, Wyoming 82602  
Reason(s) for filing (check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead 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. 6-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078019
Location Unit Letter <u>E</u> : <u>2250'</u> Feet From The <u>North</u> Line and <u>645</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Tx 75270					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>36</u>	Twp. <u>28N</u>	Rge. <u>11W</u>	Is gas actually connected? <u>No</u>	When <u>W. O. Pipeline</u>

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.
		XX	XX					
Date Spudded <u>11-21-79</u>	Date Compl. Ready to Prod. <u>1-3-80</u>		Total Depth <u>6415'</u>		P.B.T.D. <u>6375'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GRD 5845' KB 5855'</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>6201'</u>		Tubing Depth <u>6316'</u>			
Perforations <u>6278'-90w/LJSPF; 6294'-96' w/LJSPF; 6300' w/LJS; 6310'-16' w/ LJSPF</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>841'</u>		<u>600skd 'B'+2%CaCl<sub>2</sub>+</u>			
					<u>1/4#/sk Flocele</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>6414'</u>		<u>* See note on back</u>			
	<u>2-3/8"</u>		<u>6316'</u>					

V. 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 \*Well tested W/ orifice well tester thru test separator

Actual Prod. Test-MCF/D <u>1,596</u>	Length of Test <u>24hrs</u>	Bbls. Condensate/MMCF <u>10.03</u>	Gravity of Condensate <u>50°</u>
Testing Method (pilot, back pr.) <u>See above note*</u>	Tubing Pressure ( ) <u>360 psi</u>	Casing Pressure (Shut-in) <u>550 psi</u>	Choke Size <u>1/2"</u>

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 L. Ross  
(Signature)  
District Clerk  
(Title)  
1/9/80  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED FEB 21 1980, 19\_\_\_\_  
BY Frank T. Chavez  
TITLE SUPERVISOR DISTRICT # 3

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

\* 4-1/2" casing set at 6414' cemented in 2 stages  
1st stage- 185 sks 50-50 Pozmix +1/4#/sk Flocele followed w/290sks  
'B' +10% Salt +1/4#/sk Flocele Stage collar set at 4501'  
2nd stage- 570 sks 65-35 Pozmix +6%Gel +10#/sk Gilsonite  
followed w/400 sks 50-50 Pozmix+ 2%Gel + 12-1/2#/sk Gilsonite.  
Temp survey cmt top at 750'