HO. OF COPIES	RECI	IVED	-			
DISTRIBUTION						
SANTA FE						
FILE			$\neg$		Г	
U.S.G.S.					Г	
LAND OFFICE					Γ	_
IRANSPORTER		OIL			Г	_
INANSFORTE	. R	GAS	;		Г	
OPERATOR			Γ	_		
PRORATION OFFICE					Γ	
Operator						_
Ene	erg	y Re	ese	erv	es	3
Address		•				
P.0	).	Box	3:	280	,	(
Reason(s) for fil	ing	(Check	k pi	oper	ьс	×

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Conservedes Old C-104 and C-110

	FILE	REQUEST		LOWABLE		Supersedes ( Effective 1-)	Old C-104 and C-110 1-65		
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	OIL	<b>7</b> :							
	TRANSPORTER GAS	1							
	OPERATOR	•							
ī.	PRORATION OFFICE	7							
	Operator								
	Energy Reserves	Group, Inc.							
	f .	Address							
	1	3280, Casper, Wyoming 82602							
	Reason(s) for filing (Check proper box New We!!	Change in Transporter of:		Other (Please e	xp(ain)				
	Recompletion	Oil Dry Go	,						
	Change in Ownership	Castnghead Gas Conder	=						
				<u> </u>	<del></del>				
	If change of ownership give name								
	and address of previous owner								
II.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name Well No. Pool Name, including Formation Kind of Lease No.								
	E. H. Pipkin 23 Fulcher Kutz Pict. Cliffs State, Federal FF-078019								
	Location	70	_	20					
	Unit Letter D; 8.	70 Feet From The North Lin	e and <u>b</u>	30	Feet From T	he <u>West</u>			
	Line of Section 36 To	wnship 28N Range	11W	, NMPM,	San J	[an	County		
	Eline of Section 30 10	whiship ZOM hange	TIW	7 141011 1414	san_J	uan	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Oil	or Condensate	Address	Give address to	which approve	ed copy of this form i	s to be sent)		
					·				
	Name of Authorized Transporter of Ca	singhead Gas 🔲 or Dry Gas 🔯	Address	Give address to	which approve	ed copy of this form is	s to be sent)		
	Southern Union Gather					llas, Texas	75201		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	1	tually connected:					
	give location of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>	<del></del>	No		O. Pipeline			
		th that from any other lease or pool,	give comm	ningling order n	umber:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back   Same R	es'v. Diff. Res'v.		
	Designate Type of Completion	on - (X)	X	; ;	į	! !			
	Date Spudded	Date Compl. Ready to Prod.	Total De	pth		P.B.T.D.	<i>j</i> 1		
	10-23-81	11-20-81	1782'			1722'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O11/	-		Tubing Depth			
	G.L. 5721' KB 5726'	Pictured Cliffs	<u>j 1619</u>	· · · · · · · · · · · · · · · · · · ·		1689'			
	Perforations (C. C. C					Depth Casing Shoe			
	1639,-1644; 1670,-16	75' w/2 JSPF (22 perfs) TUBING, CASING, AND	CEUEN	TING BECORD					
	HO1 E 5175	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CI	EMENT		
	9-7/8"	7"	113			60 sx Class			
	3.10						Flocele/sx		
	6-1/4"	4-1/2"	176	6 <b>'</b>	400		zmix w/2% Gel		
		2-3/8"	168				4# Flocele/sx		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	feer recover	y of total volume	of load oil a	nd must be equal to o	r exceed top allow-		
	OIL WELL  Date First New Oil Run To Tanks	Date of Test		or full 24 hours) g Method (Flow, 1	nump eas lift	etc.)			
	Date Fifst New Oil Run To Tanks	Date of Test	Fiodacini	d totaling (1 tem)		AF!	IF		
	Length of Test	Tubing Pressure	Casing P	tesente ,		Choke See	WART		
						/RLLL	IA Pro		
	Actual Prod. During Test	Oil-Bbls.	Water - Bi	ols.		Gas - ICF	13910		
	~					YON	30 1981		
		•				/ our co	N. COM		
		ice well tester thru tes	st sepa	rator	<del></del>	Gravity of Condents	ST. 3		
	Actual Prod. Test-MCF/D	Length of Test	)	ndensate/MMCF		Gravity of Condense			
	629	24 hrs. Tubing Pressure	Castna P	(Sbut-1	1 0	N/A Choke Size			
			1	190		3/8"			
	*See above note		1		NISEBIA	TION COMMISSI	ON		
VI.	CERTIFICATE OF COMPLIAN	CE							
	Thereby contifu that the rules and	regulations of the Oil Conservation	APPR	OVED	NOVO		., 19		
	Commission have been complied to	with and that the information given	<b>  </b>	Original Sign	ed by FRANK	( T. CHAVEZ			
	above is true and complete to the	best of my knowledge and belief.	BY						
			TITLE	<b>SUESTA</b>	salla 1741'	का १ मध			
		lith I Ross		nis form is to b	e filed in c	ompliance with RU	LE 1104.		
	2112	1	this is a reque	st for allow	able for a newly dri	llied 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.					
	District Clerk								
				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.					
	(De	ue)	٠,	narate Forms	C-104 must	be filed for each	pool in multiply		
	completed wells.								