

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-103 and C-110
Effective 1-1-65

B.K.

Operator Energy Reserves Group, Inc.	
Address P.O. Box 3280, Casper, Wyoming 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"/>

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

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla 35	Well No. 12	Pool Name, Including Formation West Lindrith Gallup Dakota Extension	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla 35
Location Unit Letter <u>I</u> : <u>1690</u> Feet From The <u>South</u> Line and <u>940</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. 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) P.O. Box 256, Farmington, New Mexico 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) P.O. Box 1526, Salt Lake City, Utah 84110					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					No	W.O. Pipeline

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 <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 12-18-79	Date Compl. Ready to Prod. 8-20-80	Total Depth 7,515'	P.B.T.D. 7,350'
Elevations (DF, RKB, RT, GR, etc.) GRD 6854' KB 6868'	Name of Producing Formation Dakota	Top Oil/Gas Pay 7,258'	Tubing Depth 7,290'
Perforations 7,261'-63'; 7,272'; 7,287'; 7,300'-06'; 7,381'-85' w/1 JSPF (17holes) - Sqz'd Re-perf 7,259-65'; 7,272'-74'; 7,287'89'; 7,300'-09' w/1 JSPF (23 holes)		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	488'	350 sx "B" + 3% CACL ₂
			+ 1/2"/sx Flocele
7-7/8"	4-1/2"	7,513'	See Back of page
	2-3/8"	7,290	

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 exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-20-80	Date of Test 8-20-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 25 psi	Casing Pressure 675 psi	Choke Size 12/64"
Actual Prod. During Test 10	Oil-Bble. 10	Water-Bble. 16 (Frac Fluid)	Gas-MCF 12

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Smith Ross
(Signature)
District Clerk
(Title)
8-22-80
(Date)

OIL CONSERVATION COMMISSION
OCT 6 1980
APPROVED
BY Original Signed 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" cementing -

1st Stage - 500 sx 50-50 Pozmix + 2% gel.
Stage collar @ 5,308'. 2nd Stage - 700 sx
65-35 Pozmix + 6% gel + 1/4#/sk Flocele
followed w/100 sx 50-50 Pozmix + 2% gel +
1/4#/sk Flocele. Temp Survey Cmt. Top @
2,050'.

Perfs 7,381'-85' - Tstd water - Set Cmt.
Ret. @ 7,365'. Sqzd w/100 sks in 3 separate
tries. Drill out. Set another Cmt. Ret.
@ 7,360. Sqzd w/35 sks. Re-perf Dakota
7,259'-65'; 7,272'-74'; 7,287'-89'; 7,300'-
09' w/1 JSPF (23 holes)

BD w/1000 gals 15% HCl + 10% Methanol +
additives - Tstd - BD w/2500 gals 15% HCl
+ additives + 500 SCF N₂/bbl + 30 ball
sealers. Tstd - Fraced w/6500 gals 40#
Polaris gel + 10,500# 20-40 sand + 10%
Methanol + 400 SCF N₂ bbl. Tstd. - Re-
fraced w/55,000 gal Mini Max III fluid +
112,500# 20-40 sand + 400 SCF N₂/bbl + 10%
Methanol + additives.