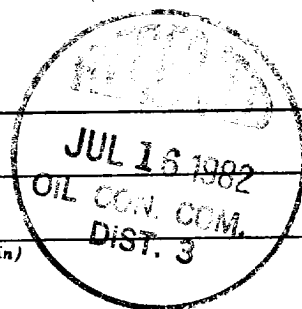


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 35	Well No. 14	Pool Name, Including Formation West Lindrith Gallup-Dak. Ext.	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla
Location Unit Letter <u>K</u> ; <u>1590</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	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 type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 - El Paso TX 79978	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35
	Twp. 25N	Rge. 5W
	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:

V. 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 11-05-81	Date Compl. Ready to Prod. 01-09-82		Total Depth 7,315'		P.B.T.D. 7,274'			
Elevations (DF, RKB, RT, GR, etc.) G.L. 6,820'	Name of Producing Formation Dakota		Top Oil/Gas Pay 7,080'		Tubing Depth 6,996'			
Perforations Dakota "D" Perfs: 7,201'-04', 7,215', 7,228', 7,238', 7,240', 7,242' - (Dakota "A" Perfs: 7,082', 7,084', 7,086', 7,088' w/1 JSPF) 46', 47' w/1 JSPF								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		511"		w/320 sx "B" w/2% CaCl2 + 1/2# Flocele/sx			
7-7/8"	4-1/2"		7,315'		1st stage w/500 sx 50-50			
	2-3/8"		6,996'		Pozmix w/2% Gel & 1/2#(OVER			

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 1-9-82	Date of Test 1-9-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 155 psi	Casing Pressure	Choke Size 20/64"
Actual Prod. During Test 11	Oil-Bbls. 11	Water-Bbls. 3 (Frac Wtr)	Gas-MCF 250 mcf

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

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 Ross
(Signature)
District Clerk
(Title)
07/13/82
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUL 16 1982, 19____
Original Signed by CHARLES GHOLSON
BY for SUPERVISOR DISTRICT # 8
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.

(Cont'd.)

Flocele/sk

4-1/2" cementing - 2nd stage w/400 sx of 50-50 Pozmix w/2% Gel & 1/4# Flocele/sx.

Perf'd @ 3,003' w/2 shots. Circulated 750 sx 65-35 Pozmix + 50 sx Class "B" from 3,003' to surface - pressure tested - would not hold. Squeeze 180 sx "B" w/2% CaCl₂ out perfs at 3,003'. Pressure tested - held.

Frac'd. - w/400 scf CO₂/bbl.