NO. OF COPIES RECE		1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
SECRATION OF	I C E		

	DISTRIBUTION			INSERVATION COMMISSION	Form C-104				
	SANTA FE		REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Elioctive 1-1-65				
-	FILE			AND					
H	U.S.G.S.		AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS .				
ł	OIL								
	TRANSPORTER GAS								
	OPERATOR								
1.	PRORATION OFFICE								
- 1	Operator								
	Energy Reserv	es	Group, Inc.						
	Address		Casper, Wyoming 82602						
	Reason(s) for filing (Check proper	boxl		Other (Please explain)					
	New Well		Change in Transporter of:						
	Recompletion		Oil Dry Gas	. 🔲					
;	Change in Ownership		Casinghead Gas Condens	sate 🔛					
	Make a set a war are big give nor								
	If change of ownership give name and address of previous owner								
	·								
II.	DESCRIPTION OF WELL A	ND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Leas⊕ No.				
	E. H. Pipkin 20 Fulcher Kutz Pict. Cliffs State, Federal or Fee Federal SF-078019								
	Location								
	Unit Letter A ;	9.7	70 Feet From The North Line	e and 370 Feet From T	The East				
				1111	uan County				
	Line of Section 12	Tov	wnship 27N Range	11W , NMPM, San Ji	uan County				
	DESIGNATION OF TRANSF	10 P 1	TER OF OIL AND NATURAL GA	S					
HI.	Name of Authorized Transporter of	1 011	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)				
	Name of Authorized Transporter of	of Cas	singhead Gas or Dry Gas 🛣	Address (Give address to which approx	ped copy of this form is to be sent)				
	Southern Union Gathe	erin		Fidelity Union Tower, D					
	If well produces oil or liquids,		Unit Sec. Twp. P.ge.	ls gas actually connected? Whe	. O. Pipeline				
	give location of tanks.		1 1						
		d wi	th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Comp	letio	on – (X) X	X					
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	10-7-81		11-8-81	1747'	1691'				
	Elevations (DF, RKB, RT, GR, e	tc.,	Name of Producing Formation	Top Oil/Gas Pay 1581'	Tubing Depth 1643				
	5766' KB (GR + 5')		Pictured Cliffs	<u></u>	Depth Casing Shoe				
	Perforations 1593'-1599'	; 1	603'-1604'; 1613'-1617';	1620'-1622';					
	1626'-1629'; 1631'-	163	7' w/1 JSPF (28 perfs)	CEMENTING RECORD					
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	9-7/8"		7''	128'	60 sx "B" w/2% CaCl ₂				
					& 1/4# Flocele/sk				
	6-1/4"		4-1/2"	1738'	400 sx 50-50 Pozmix w/2%				
			2-3/8"		5% CFR-2, & 1/4# Flocele				
V.	TEST DATA AND REQUES	ST F	OR ALLOWABLE (Test must be a able for this de	rpth or be for full 24 hours)	and must be equal to or exceed top allow-				
	OIL WELL Date First New Oil Run To Tank	. 5	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)				
	Length of Test		Tubing Pressure	Casing Pressure	Chouses				
				Water - Bbls.	Gon-Mary S S 1931				
	Actual Prod. During Test	-	Oil-Bbls.	Wdter - Bbis.	TOM.				
					The second of th				
GAS WELL *Testec w/orifice well test separator			fice well test constant		Washe de J				
	Actual Prod. Test-MCF/D	OLI	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	646		24 hrs.	0	N/A				
	Testing Method (pitot, back pr.)		24 hrs. Tubing Pressure	Coming Pressure (Shut-in)	Choke Size				
	*See above note		190 psi	270 psi	3/8"				
VI	. CERTIFICATE OF COMPI	LIAN	ICE		ATION COMMISSION				
				APPROVED 19 19					
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.		APPROVED TIGING Signed by FRANK T. CHAVEZ . 19							
		BY							
ustith Rass				TITLE SUPERVISOR DISTRICT 第 3					
				This form is to be filed in compliance with RULE 1104.					
			forth Kass	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.					
			nature)						
	District Clerk (Tule)								
11-24-81									
	(Date)								