DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Energy Reserves Group, Inc. Address P. O. Box 3280, Casper, Wyoming 82601 Reason(s) for Irling (Check proper box) Other (Please explain) New Wall Change in Transporter of: Recompletion Name change from Clinton Oil Company 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 Well No. Pool Name, Including Formation Kind of Lease E. H. Pipkin State, Federal or Fee 6 Basin Dakota Location 790 Feet From The South Line and 990 Unit Letter_ __ Feet From The __West 36 28N Line of Section Township 11W Range , NMPM, San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate 🔀 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil Giant Industries, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 Box 256, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Southern Union Gathering Co. Fidelity Union Tower Bldg., Dallas, Texas Sec. Is gas actually connected? Unit Twp. If well produces oil or liquids, give location of tanks. 36 28N ! 11W 2-28-61 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Oil Well Gas Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RE HOLE SIZE CASING & TUBING SIZE SACKS CEMENT

Legae No. Federal SF078019 County

Actual Prod. During Test Oil - Bbls. Water - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE MAR 29 1976 APPROVED ___ I hereby certify that the rules and regulations of the Oil Conservation

able for this depth or be

Producing

Casing Pressure

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after record

Date of Test

Tubing Pressure

OIL WELL

Length of Test

Date First New Oil Run To Tanks

Tevenue L. Ruder (Signature) District Clerk

(Title) March 25, 1976

(Dote)

ORIGINAL STOKES SY N. S. MANY B. L. IO.

of 100 pelume of load dil and must be equal to or exceed top allow-

Choke Size

ull 2 (Rourst On: ethod (Flow pump, fas lift, etc.)

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, name or number, or transporter, or other auch change of condition.

Separate Forms C-104 must be filed for each pool in multiply