NREAL ACCIDENCE OF ACCIDENCE AND 54 31 6 9 C REQUEST FOR ALLOWABLE ... Surgiseder U.J. Colto and C FILC Lilective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Energy Reserves Group, Inc. Address P. O. Box 3280, Casper, Wyoming 82602 Reason(s) for Isling (Check proper box) Other (Please explain) XNew Well Change in Transporter of: 011 Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ I. DESCRIPTION OF WELL AND LEASE ell No.; Pool Name, Including Formation Kind of Lease Legse No. Basin Dakota State, Federal or Fee E. H. Pipkin 9-E Federal SF-078019 Feet From The North Line and 950 940 West Feet From The 28N 11W Line of Section Township Range , NMPM, San Juan County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil P. O. Box 256, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) Giant Industries, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gos X First International Bldg., Dallas, TX 75270 Southern Union When P.ge. is gas actually connected? Unit If well produces oil or liquids, give location of tanks. no W.O. Pipeline If this production is commingled with that from any other lease or pool, give commingling order number: 7. COMPLETION DATA Oil Well Same Res'v. Diff. Res' Plug Back Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 6380' 12-17-79 4-18-80 6335' Elevations (DF, RKB, RT, CR, etc.) Tubing Depth Name of Producing Formation Top Oil/Gas Pay 6157' Grd 5748' KB 5758' 62291 Dakota Depth Casing Shoe Perforations 30'; 6,237' - 43'; 6,247' - 52' 6,216' - 18'; 6,222' w/1TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 475 sx. "B" & 3% CaCl 12-1/4" 8-5/8" 685' KB 6380' KB 7-7/8" 4-1/2" * See back of page 2-3/8" 6229' TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Chole Size Casing Pressure Length of Test Tubing Pressure Vigter - Bbls. Oil-Bbie. Actual Prod. During Test * Tested w/orifice well tester thru test separator GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D. Length of Test 50° 367 24 hrs. 13 Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (*See Above note 100 psi 350 psi OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE

TITLE _

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.

(Signalure) DISTRICT CLERK (Tule) 5-16-80

(Date)

MAY & 1 150U APPROVED_ Original Signed by FRAMK TOCHAVEZ 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 despense 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 filled for each pool in multiply

* Cementing 4-1/2" casing - 1st stage
130 sx. 50-50 Pozmix + 2% Gel + 1/4#/sk.
Flocele followed w/280 sx. "G" + 10%
salt & 1/4#/sk. Flocele.
Stage Collar @ 4,458'
2nd Stage 600 sx. Lite + 10#/sk Gilsonite
followed w/500 sx. 50-50 Pozmix + 2%
Gel + 12-1/2#/sk. Gilsonite.