NO. OF COPIES REC		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104

	SANTA FE	REQUEST	FOR AL/LOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND/			
	U.S.G.S.	. AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	l oir	1				
	TRANSPORTER GAS					
	OPERATOR	,				
1.	PRORATION OFFICE Operator	<u> </u>				
	Energy Reserves Group,	Inc.				
	Address					
	P. O. Box 3280, Casper					
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well X Recompletion	Change in Transporter of: Oil Dry Ga	s	1		
	Change in Ownership	Casinghead Gas Conden	771			
	If change of ownership give name and address of previous owner					
	DECORIDATION OF WELL AND	I EASE				
11.	DESCRIPTION OF WELL. AND Lease Name	Weli No. Pool Name, Including Fo	1	2,-,-,		
	E. H. Pipkin 15 Fulcher Kutz Pict Cliffs State, Federal or Fee Federal SF-0					
	Location					
	Unit Letter D : 79	O Feet From The North Lin	e and 790 Feet From 7	rhe West		
	Line of Section 35 Tox	wnship 28N Range]	lW NMPM, San	County		
	Line of Section 33 13.	281	IW Sall	iuan		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	and convert this form in to be contil		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	sea copy of this form is to be sent;		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas y	Address (Give address to which appro-	ved copy of this form is to be sent)		
	Southern Union Gatherin		Fidelity Union Tower. I	allas. Texas 75201		
	If well produces oil or liquids.	Unit Sec. Twp. Pge.	Is gas actually connected? Who	en ,		
	give location of tanks.		No ! K	.O. Pipeline		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
JV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on – (X)	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	4-25-81	7-26-81	1800'	1747 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1691		
	5745' KB (GL+2') Perforations	Pictured Cliffs	1644'	Depth Casing Shoe		
		1680'-88' w 1/JSPF (18 pe	erfs)			
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	65 sx "B" w/2% CACL2		
	9-7/8"	7"	123'	81/4# Celloflake sx		
	6-1/4"	4-1/2"	1787'	*see back of page		
		2-3/8"	1691			
V.		TA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this death or he for full 24 hours.)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	OF IL		OF ILL			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Oil-Bbls.	Water - Bbls.	Gas-MF 3 SM		
	Actual Prod. During Test	CIT- BBIS.		AUG 6 - 1981		
				OIL CON. COM.		
	GAS WELL *Tested w/ori	fice well tester thru te	st separator	Gravity of Condentate 1.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	NA		
	697 Testing Method (pitot, back pr.)	24 Hrs.	Casing Pressure (Shut-in)	Choke Size		
		205 psi	290 DSi	3/8"		
OIL CONSERVATION C		TION COMMISSION				
VI. CERTIFICATE OF COMPLETINGS				Original Signed by FRANK T. CHAVEZ		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED AUG 1 J JOV			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature)					
			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 despensed 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 allow-			
			able on new and recompleted w	able on new and recompleted wells.		
			well name or number, or transporter, or other such change of conditions,			
	{b	w.c.,	Separate Forms C-104 must be filed for each pool in multiply			
			completed wells.			

*Cont'd from page 1

4-1/2 casing - Cemented w/100 sx 50-50 Pozmix w/2% gel, 1/4# Flocele/sk & 0.5% CFR-2 followed by 300 sx "B" w/10% salt & 2% CaCl₂.