

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OGC-104 and C-1  
Effective 1-1-65

Operator Energy Reserves Group, Inc.	
Address P.O. Box 3280, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Miller Gas Com Unit	Well No. 1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D ; 820 Feet From The North Line and 840 Feet From The West				
Line of Section 20 Township 34N Range 13W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No W.O. Pipeline	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-21-80	Date Compl. Ready to Prod. 9-22-80		Total Depth 6,152'			P.B.T.D. 6,100'		
Elevations (DF, RKB, RT, GR, etc.) GL 5,533', KB 5,547'	Name of Producing Formation Dakota		Top Oil/Gas Pay 5,954'			Tubing Depth 6,051'		
Perforations 5,960'-62', 5,980'-82', 6,021'-25', 6,041'-47', 6,058'-66', w/1 JSPF (27 perforations)			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	378'	375 sx "B" + 2% CACL2
7-7/8"	4-1/2"	6,142'	*See back of page
	2-3/8"	6,051'	

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)

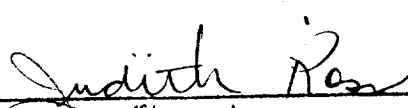
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL \* Tested w/orifice well tester through test separator

Actual Prod. Test - MCF/D 725	Length of Test 24 hrs	Bbls. Condensate/MMCF 1-1/2	Gravity of Condensate + 55
Testing Method (pitot, back pr.) *See above note	Tubing Pressure ( ) 400 psi	Casing Pressure (Shut-in) 560 psi	Choke Size 16/64"

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.


District Clerk
10/01/80

OIL CONSERVATION COMMISSION

APPROVED	OCT 10 1980
Original Signed by CHARLES GHOLSON	
BY	
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 5	

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

\*

Cementing 4-1/2":

1st stage - 475 sx 'B'  
w/10% salt

2nd stage - Collar @ 4,270'  
625 sx 50-50  
Poz w/2% gel,  
1/4# Flocele/sx.

3rd stage - Collar @ 1,653'  
500 sx 50-50  
Poz w/2% gel,  
1/4# Flocele/sx.

Cement top @ 400'.