

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Revised 1-1-65  
Effective 1-1-65

Operator Energy Reserves Group, Inc	
Address P.O. Box 3280, Casper, WY 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 "B"	Well No. 1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-09867
Location				
Unit Letter <u>2L</u> : 1835 Feet From The <u>South</u> Line and <u>1120</u> Feet From The <u>West</u>				
Line of Section <u>20</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Industries, Inc.	P.O.Box 256, Farmington, N. Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas, Co.	P.O. Box 1492, El Paso, Texas 79978
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 2-23-81	Date Compl. Ready to Prod. 4-9-81	Total Depth 6165'	P.B.T.D. 6121'					
Elevations (DF, RKB, RT, CR, etc.) GL 5540; KB 5552	Name of Producing Formation Dakota	Top Oil/Gas Pay 5935'	Tubing Depth 6061'					
Perforations 5939'-40'; 5962'-64'; 6005'-10'; 6027'-31'; 6033'-37'; 6031'-53'; 6059'-61'; ( 1 JSPE 27 Perfs )		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	338'	225 sx "B" + 2% CACL2					
			E 1/4# Flocele/sx					
7-7/8"	4-1/2"	6163'	* See Back of Page					
	2-3/8"	6061'						

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 thru test separator.

Actual Prod. Test-MCF/D 1057	Length of Test 24 hrs	Bbls. Condensate/MMCF 10	Gravity of Condensate 54.7
Testing Method (pitot, back pr.) * See Above Note	Tubing Pressure ( ) 700 psi	Casing Pressure (Shut-in) 750 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.

Judith Ross  
(Signature)  
District Clerk  
(Title)  
4-28-81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1981, 19  
BY Original Signed by FRANK T. CHAVEZ  
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 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 multi-

4-1/2" casing cementing - 1st Stage

350 sx "G" w/10% Salt. 2nd Stage

475 sx 50-50 Pozmix w/2% Gel & 1/4#

Celloflake/sx. 3rd Stage - 550 sx of

50-50 Pozmix w/2% Gel & 1/4# Celloflake/sx.

Stage collars @ 4,205' & 1,662'.