c			-	
	NO. OF COPIES RECEIVED			
	DISTRIBUTION		SERVATION COMMIL ION	Form C-104
ſ	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C+110 Effective 1-1-65
ſ	FILE	,	AND	
ł	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	S
ł		AUTHORIZATION TO TRAIN		
	TRANSPORTER OIL			
1	GAS			
	OPERATOR			
	PRORATION OFFICE			
1.	Operator			
	Energy Reserves Group	Inc		
	Address	<u>, me.</u>		
		U I TX 30300		
	P. O. Drawer 2437, Mi	dland, 1X /9/02	Other (Please explain)	
	Reason(s) for filing (Check proper box)	- /	~ ~	
	New Well	Change in Transporter of:	Date Gas Sales Li	ne Connected
	Recompletion	Oil Dry Gas		
	Change in Ownership	Casinghead Gas Condens		
			· · · · · · · · · · · · · · · · · · ·	
	If change of ownership give name			
	and address of previous owner			
			non R H	R5353 & 12-1-81
П.	DESCRIPTION OF WELL AND L	EASE		Lease No.
	Lease Name	Well No. Pogl Name, Inciding For		
	Miller Com 1 Wildeat Unn State, Federal or Fee Fee			
	Location		· •	
	1 -	South	and 660 Feet From Th	e West
	Unit Letter;000	Feet From The South Line		
		<u> </u>	E , NMPM, ROOSEVE	County
	Line of Section 12 Town	nship 6-S Range 33-	E , NMPM, ROUSEVE	
117	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	·	description of this form is to be senti-
	Name of Authorized Transporter of Oll	or Condensate	Ald: 650 official	
	1		4001 Penbrook, Odessa,	TX 79762
	Phillips Petroleum Co	inghead Gas or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)
	Name of Authorized Transporter of Cas.			
	Warren Petroleum Comp	any l	P. 0. Box 1589, Tulsa,	<u>OK 74102</u>
		Unit Sec. Twp. F.ge.	Is gas actually connected? When	
	If well produces cil or liquids,	м 12 6-5 33-Е	Yes	11-12-81
	give location of tanks.			
	If this production is commingled wit	h that from any other lease or pool, a	ive commingling order number:	
IV	. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
3.4.		Ull well Gub nom	New Well Workover Deepen	, , , , , , , , , , , , , , , , , , , ,
	Designate Type of Completio	n = (X)	X	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded		7875	7820
	2-14-81	4-2-81	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
	4375' GR	Cisco	7546	7510 Depth Casing Shoe
	Perforations			Depth Casing Shoe
	7546 - 48 & 75			7875
	/546 - 46 & /5		CEMENTING RECORD	
	· · · · · · · · · · · · · · · · · · ·		DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		350
	17 1/2"	13 3/8	372	
		8 5/8	3299	1300
	<u> </u>		7875	400
	7 7/8"	4 1/2	7510	
		2 3/0		ind must be squal to or exceed top allow-
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fer recovery of total volume of load oil a	ind must be equal to of exceed top
¥	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL. WELL Date of Test Date of Test Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Cil Run To Tanks	Date of Test	producing Method II tow, peript and	
				Chcze Size
	A st Trat	Tubing Pressure	Casing Pressure	Choire 5.24
	Length of Test			
		Cil-3bla.	Water-Bbls.	Gas-MCF
	Actual Prod. During Test	011-30.0.		
	GAS WELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
	The second design has been been	Tubing Pressure (Shut-in)	Casing Pressure (Sbut-in)	Choke Size
	Testing Method (pitot, back pr.)		1	
			OUL CONSERVA	TION COMMISSION
N)	I. CERTIFICATE OF COMPLIAN	CE	UIL CONSERVA	Uy 🚺
¥				
	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.		APPROVED	
			Orig. Signed By	
			BY	
			That Is Stoff.	
			TITLE Dist 1, Soper	
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
			able on new and recompleted water Fill out only Sections I. II. III, and VI for changes of owner Fill out only Sections I. II. III, and VI for changes of condition	
		itle)		
	11-17-8			
	(Date)		separate Forma C-134 must be filed for each pool in multipl	
			Separate Forma C-194 must be modeled to the second completed wells.	
			ALC: A MILE TO THE PARTY OF THE	