

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator ENERGY RESERVES GROUP, INC.	
Address P. O. BOX 2437 MIDLAND, TEXAS 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name BOYS RANCH	Well No. 1	Pool Name, including Formation S. Peterson Penn Asso. <i>R7929</i>	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>S30</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>17</u> T. <u>4</u> N. <u>6</u> S. Range <u>34</u> E. NMPM. <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 17	Twp. 6S	Rge. 34E	Is gas actually connected? No	When Negotiating

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 3/15/85	Date Compl. Ready to Prod. 4/16/85	Total Depth 7872'	P.B.T.D. 7842'
Elevations (DF, RKB, RT, GR, etc.) 4370.0 GL	Name of Producing Formation Cisco	Top Oil/Gas Pay 7645	Tubing Depth 7712
Perforations 7645-51 (11 Shots) 7658-64 (12 Shots)			Depth Casing Shoe 7872
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8"	24#	1879'	900
4 1/2"	11.6#	7872'	585
2 3/8"	4.7#	7712'	

V. 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 4/17/85	Date of Test 4/25/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 200#	Casing Pressure 490#	Choke Size 16/64
Actual Prod. During Test 28	Oil-Bble. 28	Water-Bble. 0	Gas-MCF 259

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>MAY 3 1985</u> , 19	
<u>Not Thomas</u> (Signature) District Clerk (Title) 4/26/85 (Date)		BY <u>_____</u> TITLE <u>_____</u> 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 deviate 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 multiple completed wells.	

RECEIVED

APR 29 1985

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