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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-130  
Effective 1-1-85

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 Gallegos Canyon Unit	Well No. 338	Pool Name, Including Formation Kutz Pictured Cliffs, West	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078902-A
Location				
Unit Letter C : 790 Feet From The North Line and 1600 Feet From The West				
Line of Section 9 Township 27N Range 12W, NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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, TX 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.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-29-84	12-21-84		1456		1419			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR 5740', KB 5748'	Pictured Cliffs		1358		1381			
Perforations					Depth Casing Shoe			
1358-60', 1367-1371', 1372-1378' 1 JSPP					1435			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8	7-5/8	127	45sx(53ft) C1Bw/2% CaCl <sub>2</sub>
			6#/sk Flocele
6 1/2	4 1/2	1435	185sx(233ft) 50-50Pozmix
	2-3/8	1381	w/2% gel, 0.5%CE-10, 1/2#sx Cello-

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 all seal able 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.)	
		RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			JAN 21 1985

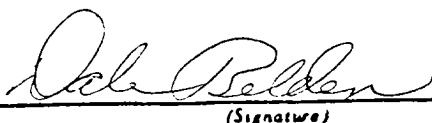
OIL CON. DIV.  
DIST. C

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
193	3 hrx.	--	--
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure (Shut-in)	Choke Size
Flowing	45	175	3/8"

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

(Title)

January 17, 1985

(Date)

OIL CONSERVATION COMMISSION

3785-  
APPROVED

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 multiply completed wells.