

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes OCS C-104 and C  
Effective 1-1-65

STATE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	3
PRORATION OFFICE	

30-045-23820

Operator	Energy Reserves Group, Inc.	
Address	P. O. Box 3280, Casper, Wyoming 82602	
Reason(s) for filing (check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gallegos Canyon Unit	289	Kutz Pictured Cliffs, West	State, Federal or Fee Federal	SF-078109
Location				
Unit Letter N	800	Feet From The South	Line and 1640	Feet From The West
Line of Section 8	Township 28N	Range 12W	NMPM, San Juan	County

II. 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	Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	yes. 5-13-80

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

V. 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-30-79	3-18-80	1881'	1822'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GRD 5796' KB 5806'	Pictured Cliffs	1646'	1681'					
Perforations	Depth Casing Shoe							
1664' - 69' 1673' - 76' w/1 JSPF								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	132' KB	100 sx. "G" & 2% CaCl <sub>2</sub>					
			4#/sk. Flocele					
6-3/4"	4-1/2"	1863' KB	300 sx. 50-50 Pozmix					
	2-3/8"	1681'	1 & 3/4# sk. Flocele					

VI. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
398	24 hrs.	-0-	N/A
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure (Shut-in)	Choke Size
*See above note	100 psi	250 psi	3/4"

VII. 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

5-13-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 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 multiply