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	SANTA FE		_/			
	FILE		/ -			
	U.S.G.S.			AUTH		
	LAND OFFICE					
	IRANSPORTER	OIL				
		GAS	/			
	OPERATOR		2			
1.	PRORATION OF					
	Energy Reserves Group,					
	Address					
	P.O. Box 3280, Casper,					
	Reason(s) for Isling (Check proper box)					
	New Well	KX.		Change		
	Recompletion			011		
	Change in Ownership			Casingh		
	If change of owners and address of prev			· · · · · · · · · · · · · · · · · · ·		
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well					
	Lease Name					
	Gallegos C	anyo	n Uni	t 287		
	Location					
	Unit Letter	0	:1_	<u>000</u> Feet Ft		
		0	r _	0.01		
	Line of Section	3	5 Tow	nship 29N		
	DECICE: (TION O	r	NEDADT	ווס פס פסי		
:11.	I. DESIGNATION OF TRANSPORTER OF OI Name of Authorized Transporter of Oil or					
		•		_		
	Name of Authorized	Transpor	ter of Cas	Inghead Gas [
	El Paso Natural Gas					
				Unit Se		
	If well produces oil give location of tank	or Hquid: .s.	s, 	· · ·		
	If this production is commingled with that from a					
IV. COMPLETION DATA						
	Designate Type of Completion - (X)					
	Date Spudded			Date Compl.		
	10-12-79			11-09-		

NEW MEXICO DIEL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Supersedes Old C-1C4 and C-1; Etfective 1-1-65

	LAND OFFICE	. AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	011	1					
	IRANSPORTER GAS /	· .		API 30-045-23606			
	OPERATOR Z	· ·	•				
1.	PRORATION OFFICE						
	Operator Possonicos	Group Inc.					
	Energy Reserves						
P.O. Box 3280, Casper, Wyoming 82602							
	Reason(s) for Itling (Check proper box		Other (Please explain)				
	New Well	Change in Transporter of:		•			
	Recompletion	OII Dry Go	15	•			
	Change in Ownership	Casinghead Gas Conder	nsate				
	If the sea of amountain sing some						
	If change of ownership give name and address of previous owner	·		·			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease							
Gallegos Canyon Unit 287 Kutz Pictured Cliffs West State, Federal or Fee Federal SF-07 Location							
							Unit Letter 0; 1,000 Feet From The South Line and 1,720 Feet From The East
Unit Letter 0; 1,000 Feet From The SOULH Line and 1,720 Feet From The Last							
	Line of Section 35 To	wnship 29N Range 1	3W , NMPM, San J	Uan County			
II.		TER OF OIL AND NATURAL GA		oved conv of this form is to be sent?			
	Name of Authorized Transporter of CII	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas		P.O. Box 1492, E1P				
		Unit Sec. Twp. P.ge.		hen			
	If well produces oil or liquids, give location of tanks.		NO	W.O. Pipeline .			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	•			
	COMPLETION DATA						
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
			X	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	10-12-79 Elevations (DF, RKB, RT, GR, etc.)	11-09-79 Name of Producing Formation	1833 Top Oil/Gas Pay	1,783 [†] Tubing Depth			
			1.595!	1.646'			
	GRD 5,811 KB 5,821	Pictured Cliffs	11,595	Depth Casing Shoe			
	,619'; 1,628'; 1,632'; w/1 JSPF						
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	124"	8-5/8"	131'	100 sks"B"+2%CACL2			
	6-3/4"	41/211	1,814'	275 sks 50-50 Poz			
		<u> </u>		mix_"A" +2% Gel +1/#/ sk Flocele * -0-			
			<u> </u>				
v.	TEST DATA AND REQUEST FOR WELL	ST DATA AND REQUEST FOR ALLOWABLE (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)					
ĺ	Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
				- 100			
	Actual Prod. During Test	Cil-Bbla.	Water - Bbls.	Gae-MCF			
		<u> </u>	<u> </u>	1 1 200			
	4S WELL *Tested w/orifice well tester thru test separator						
1	Actual Prod. Test-MCF/D	PITICE WELL TESTED LI Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	245	211 hm	0	NXA DIST. 3			
	Testing Method (pitot, back pr.)	24 hr Tubing Pressure (Casing Pressure (Shut-in)	Choke Sir			
	See above note	95#	132#	3/4"			
Ί.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION			
	ereby certify that the rules and regulations of the Oil Conservation		DEL 6 1979				
,			APPROVED, 19				
	Commission have been complied value is true and complete to the	with and that the information given beat of my knowledge and belief.	BY Original Signed by A. R. Fardrick				
	above in the one complete to me	•	1				
	ħ	, ,	TITLE SPECIFICISM DIGITICS TO S				
	$\hat{}$. \hat{L}		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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 1, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.				
	white	Z Kon					
	(Signi	iturej					
	District Clerk	ile)					
	\mathcal{M}_{\bullet} \mathcal{M}_{\bullet}	1974					
	1100.17	ite)					
	•)	- 4 ha filed for each most to multiply			

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