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SANTA FE		
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PRORATION 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-11
Effective 1-1-65

API 30-045-23654

I. Operator
ENERGY RESERVES GROUP, INC.
Address
P.O. BOX 3280 Casper, Wyoming 82602
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 284	Pool Name, Including Formation Kutz Pictured Cliffs, West	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 ; 800 Feet From The South Line and 1540 Feet From The East Line of Section 30 Township 29N Range 12W , NMPM, San Juan County				

III. 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	P.O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	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:

IV. 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 9 -8-79	Date Compl. Ready to Prod. 10-5-79	Total Depth 1557'	P.B.T.D. 1495'					
Elevations (DF, RKB, RT, GR, etc.) Grd 5381' KB 5391'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1262'	Tubing Depth 1298'					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8-5/8"	126'KB	100 sks "B" + 2% CACL2					
6- 3/4"	4 1/2"	1535' KB	100 sks 65-35 Poz tail In W/115 sks "B"*					

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	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 425	Length of Test 24Hr	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pitot, back pr.) *See above note	Tubing Pressure () 100#	Casing Pressure (Shut-in) 180#	Choke Size 3/4"

VI. 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.

Judith Ross
(Signature)

District Clerk

(Title)

October 23, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 26 1979

BY Original Signature

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