			4			
	JANTA FE	4.4				
	FILE		-		-	
	U.S.G.S.	† 				
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS	1			
	OPERATOR					
I.	PRORATION OFF	ICE				
	Operator					
	ENERGY RESE	RVES (GRO	JP,	1	
	Address					
	P.O. BOX 3280, Casper, W					
	Reason(s) for filing (Check p	roper	box)		

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Firm C-101

FILE	$H \rightarrow H$	REQUES	T FOR ALLOWAB	LE	Supersedes Effective 1-	Old C-104 and C-1
U.S.G.S.	AUTHO	RIZATION TO TE	AND RANSPORT OIL A	NID NIATUDA		1-03
LAND OFFICE			MINIORI UIL A	ND NATUKA	L GAS	•
TRANSPORTER OIL						
OPERATOR /						_
I PHORATION OFFICE			•		API 30-045-	23655
Operator						
ENERGY RESERVES GR	ROUP, INC.					····
P.O. BOX 3280, Cas Reason(s) for Irling (Check prop	sper, Wyoming	82602				
New Well		Transporter of:	Other (P	lease explain)		
Recompletion	Oil	Dry C	Gas 🔲		•	
Change in Ownership	Casinghead	i Gas Cond	ensate			· · · · · · · · · · · · · · · · · · ·
If change of ownership give n and address of previous owne						
I. DESCRIPTION OF WELL						
Lease Name	1 1	Poor Name, Including		Kind of Le		Lease No.
Gallegos Canyon Un	it 286	Kutz Picture	d Cliffs, Wes	State, Fed	feral or Fee Fee	
Unit Letter P;	1090 Feet From	The South L	ine and 840	Feet Fro	om ThEast	
Line of Section 24	Township 29	N Range 1	3W . N		ı Juan	C=- +
					I Uudii	County
Name of Authorized Transporter		IND NATURAL G		ess to which ap	proved copy of this form is	to be sent)
1						
Name of Authorized Transporter El Paso Natural Ga		or Dry Gas 🔀	Address (Give addre	ess to which app	proved copy of this form is , Texas 79999	to be sent)
If well produces oil or liquids.	Unit Sec.	Twp. P.ge.	Is gas actually con		When	
give location of tanks.		<u> </u>	NO		W.O. Pipeline	,
If this production is commingle	ed with that from any	other lease or pool,	give commingling o	rder number:		
COMPLETION DATA	011	Well Gas Well	New Well Workov	rer Deepen	Plug Back Same Re	es'v. Diff. Res'v.
Designate Type of Comp		XX	XX	1 1		!
Date Spudded 9-14-79	Date Compl. Red 10-18-		Total Depth	···	P.B.T.D.	·
Elevations (DF, RKB, RT, GR, e	I		Top Oil/Gas Pay		Tubing Depth	
Grd. 5297' KB 5308		Cliffs	1158'		1194'	
Perforations					Depth Casing Shoe	
	TU	BING, CASING, AN	D CEMENTING REC	ORD		
HOLE SIZE		TUBING SIZE	DEPTH		SACKS CE	MENT
12½"	8-5/8"		130' KB		100 sks"B" w/2	2%CACL2
6-3/4"	41,11		71.05.1167			
0-3/4"	—————————————————————————————————————		1435 'KB		60sks 65-35 Pc	
TEST DATA AND REQUES	T FOR ALLOWABI	LE (Test must be o	ifter recovery of total s	olume of load o	il and must be equal to or	
OIL WELL Date First New Oil Run To Tank			epth or be for full 24 hi Producing Method (F	ours)		
Date First New Off Aun 10 Pank	a Date of 1est		Producing Method (A	tow, pump, gas	iiji, eic.j)
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
	0.1.5					S. A.
Actual Prod. During Test	Oil-Bbla.		Water-Bbls.		Gas-MCF	¥**
<u> </u>						
GAS WELL * Tested w	/ orifice well	tester thru				<i>.</i>
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/M	MCF	Gravity of Condensate	
817 Testing Method (pitot, back pr.)	24 Hr. Tubing Pressure	7	-0- Casing Pressure (Sk	out-(n)	NA Choke Size	
*See above note	175#	,	260#	.u14)	3/4"	
CERTIFICATE OF COMPL			ή	CONSERV		
	. –			61 9 .4	_	
I hereby certify that the rules			APPROVED_	NOV S	<u> 1979 </u>	19
Commission have been compli- above is true and complete to			Origina.	bigned b	y A. R. Kendrick	
•	•		TITLE	SUPERVISOR DIS	TRICT # 2	
\sim	<i>(</i>		11			
()!-	k. Kan		11		compliance with RUL!	
- Mart	(Signature)		well, this form m	ust be accomp	owable for a newly drill panied by a tabulation o	f the deviation
Diatrojat Class			tests taken on th	e well in acc	ordence with RULE 11	1.

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 Forma C-104 must be filed for each pool in multiply

DISTRIBUTION ITA FE E G.S. 40 OFFICE ANSPORTER GAS ENATOR

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Poem C-104 Supercedes Old C-104 and C-110 Ellocities 1-1-65

utof					
BHP Petroleum (A	mericas), Inc.				
P.O. Box 3280, C.	asper, WY 82602				
ion(s) for filing (Check proper bo	·/	Other (Please explain)			
W-:1	Change in Transporter of:		i i		
ampletion	OII Dry C	as []	1		
nge in Ownership	Casinghead Gas Cond	ensate	•		
ange of ownership give name address of previous owner	Energy Reserves Croup, I	nc., P.O. Box 3280, Cas	sper, WY 82602		
CRIPTION OF WELL AND					
amby, ec	Well No. Pool Name, Including	rormation Kind of L	case Lagse No.		
allegos Canvon Unit	286 West Kutz-Pic	tured Cliffs Signe, Fe	deral or Fee Fee		
Jnit Letter P: 1	090 Feel From The South L	ne and 840 Feet Fr	om The East		
ine of Section 24 To	ownship 29N Range	13W , NMPM. Sa	an Juan County		
SIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	3.0	333		
the of Authorized Transporter of C			pproved copy of this form is to be sent)		
ne or Authorized Transporter of C	asingnead Gas ar or Dry Gas A				
El Paso Natural Gas	_	1	pproved copy of this form is to be sent)		
rell produces oil or liquids,	Unit Sec. Twp. P.gs.	la gas actually connected?	ington, NM 87401		
e location of tanks.		Yes			
is production is commingled w MPLETION DATA	ith that from any other lease or pool	give commingling order number:			
Designate Type of Complete	ion — (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
e Spudded	Date Compi. Ready to Prod.	Total Deptn	P.B.T.D.		
(05 PKB 37 C3	Name of Brownian Samuel				
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
torations			Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ST DATA AND REQUEST F	COP ALLOWARIE (Tournels	-6			
.WELL	able for this a	epen or se jor juit 24 hours;	ail and must be equal to or exceed top allow-		
e First New Cil Run To Tanks	Date of Teet	Producting Method (Flow, pump, go	DECEINE		
igin of Test	Tubing Pressure	Cosing Pressure	Chox.		
ual Prod. During Test	Qtt-Bbla.	Water-Bble.	Ga-MCF SEP 2 71985		
•	/		011 0011 501		
S WELL			DIST. 3		
ual Prod. Test-MCF/D	Length of Test	Bbls. Congensate/MMCF	Gravity of Condensate		
nting Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Casing Pressure (Shat-in)	Choke Size		
RTIFICATE OF COMPLIAN	ICE	OIL CONSER	RVATION COMMISSION		
		-	SEP 27 1985		
mission have been complied	regulations of the Oil Conservation with and that the information given	Trans	k Java		
re is true and complete to th	 best of my knowledge and belief. 	BY SHAFFWARD DISTRICT TO S			
	\sim	TITLE SUPERVISO	R DISTRICT III I		
Nale I.	500	11	in compliance with RULE 1104.		
1 College 15 cm	alwe)	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 AULE 111.			
Dietrict	Clark				
District (T)	ule)	All sections of this formable on new and recomplete	a must be filled out completely for allow d wells.		
9-19	ule) 2- F5 e(e)	Fill out only Sections	I. II. III. and VI for changes of owner		
(0	e(e)	well name or number, or transporter, or other such change of condition.			

Separate Forms C-104 must be filed for each peel in multiply completed wells.