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FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
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 30-045-23939

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. 304 Pool Name, including Formation Kutz-Pictured Cliffs, West Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter N : 995 Feet From The South Line and 1650 Feet From The West
Line of Section 24 Township 29N Range 13W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas P. O. Box 1492, El Paso, Tx 79999
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:

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.
Date Spudded 11-20-79 Date Compl. Ready to Prod. 12-14-79 Total Depth 1393' P.B.T.D. 1354'
Elevations (DF, RKB, RT, GR, etc.) GRD 5289' KB 5299' Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 1154' Tubing Depth 1177'
Perforations 1168'-1180' s/1 JSPF Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 134'KB 175 sx 'B' +3%CaCl2
6-3/4" 4-1/2" 1385'KB 300sx 50-50 Pozmix +
2%Gel +1/4#/sk Flocele

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL *Tested w/orifice well tester thru test separator

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
260	24 hrs.	0	NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
*See above note	100 psi	195 psi	1/2"

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 L. Ross
(Signature)
District Clerk
(Title)
1-4-80
(Date)

OIL CONSERVATION COMMISSION
APPROVED JAN 31 1980
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 filled for each pool in multiply