

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Gallegos Canyon Unit	Well No. 307	Pool Name, including Formation Kutz Pictured Cliffs, West
Kind of Lease State, Federal or Fee		Fee
Location		
Unit Letter L : 1455 Feet From The South Line and 510 Feet From The West		
Line of Section 30 Township 29N Range 12W, NMPM, San Juan County		

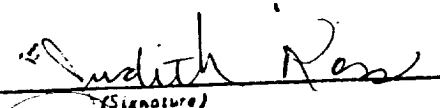
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 Co.	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:

V. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)				X		X											
Date Spudded 4-4-80		Date Compl. Ready to Prod. 6-10-80		Total Depth 4023'		P.B.T.D. 3975'											
Elevations (DF, RKB, RT, GR, etc.) GRD 5360' KB 5374'		Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1228'		Tubing Depth 1268"											
Perforations 1246' - 1254' W/1 JSPF (9 perfs)						Depth Casing Shoe											
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
13-3/4"		9-5/8"		236' KB		275 sx 'B' + 2% CACL											
						+ 1/4 #/sx Celloflake-Cmt.											
8-3/4"		7"		4013' KB		from top w/25 sx 'B'											
		2-3/8"		1268'		* see back of page											

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 with orifice well tester thru test separator		Bble. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	0		N/A	
200	24 Hours				
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure (Shut-in)		Choke Size	
* See Above	59 psi	150 psi		3/4"	

I. 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	(Title)
6-17-80	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	Original Signed by FRANK T. CHAVEZ
TITLE	SUPERVISOR DISTRICT #
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 multiple	

* 9-5/8" cemented w/275 sx "B" = 2% CaCl_2 + 1/4 #/sk Celloflake - cement from top
w/25 sx "B" 7" - 1st stage 740 sks 50-50 Pozmix + 2% Gel + 1/4 #/sk Flocele - Stage
Collar @ 1,480' 2nd stage 500 sks 50-50 Pozmix + 2% Gel + 1/4 #/sk Flocele - Circ.
cement to surface.