

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASSuperseding Form C-104 and  
Effective 1-1-65

Operator Energy Reserves Group, Inc.	
Address P.O. Box 3280, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>
Dual Completed Disposal Well	

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. Pool Name, Including Formation 306 Kutz, Fruitland, W. Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080723
Location Unit Letter I ; 2015 Feet From The South Line and 830 Feet From The East			
Line of Section 19 Township 29N Range 12W, NMPM, San Juan County			

## I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate	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 Company	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:

## II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-14-80	Date Compl. Ready to Prod. 8-18-80	Total Depth 4,154'	P.B.T.D. 4,114'					
Elevations (DF, RKB, RT, GR, etc.) Grd 5,415'; KB 5,429'	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1,047'	Tubing Depth 1,100'					
Perforations 1054'-56', 1060'-63' w/1 JSPF (12 perf) 1,066'-70'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	9-5/8"	235'	250 sx "B" + 2% CACL <sub>2</sub>					
			+3#/sx Flocele					
8-3/4"	7"	4,154'	*See back of page					
	2-3/8"	1,100'						

## III. TEST 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)

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

## GAS WELL \* Tested with orifice well tester through test separator

Actual Prod. Test-MCF/D 337	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) *See above note	Tubing Pressure 120 psi	Casing Pressure (Shut-in) 125 psi	Choke Size 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.

Judith Ross  
(Signature)  
District Clerk  
(Title)  
3-21-80  
(Date)

OIL CONSERVATION COMMISSION  
DEC 29 1980  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 allow-  
able 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

\*7" cementing -

1st Stage - 690 sks 50-50 Pozmix + 2% gel  
+ 1/4<sup>lb</sup>/sk Flocele.  
Stage Collar @ 1,605'

2nd Stage - 470 sks 50-50 Pozmix + 2% gel  
+ 1/4<sup>lb</sup>/sk Flocele.  
Cement returns to surface.