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TRANSPORTER	OIL
	GAS
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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-110
Effective 1-1-65

SHIP Petroleum (Americas), Inc.
P.O. Box 3280, Casper, WY 82602

son(s) for filing (Check proper box)
Well ☐ Completion ☐ Change in Ownership ☒
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Other (Please explain)

Change of ownership give name Energy Reserves Group, Inc., P.O. Box 3280, Casper, WY 82602
Address of previous owner

DESCRIPTION OF WELL AND LEASE
Well Name Vallegos Canyon Unit Well No. 327 Pool Name, Including Formation West Kutz-Pictured Cliffs Kind of Lease State, Federal or Fee State Lease No. E-5482
Location Unit Letter H : 1585 Feet From The North Line and 960 Feet From The East
Line of Section 36 Township 29N Range 13W, NMPM, San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS
Signature of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Signature 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 Co. P.O. Box 990, Farmington, NM 87401
Well produces oil or liquids, location of tanks. Unit Sec. Twp. Rgn. Is gas actually connected? When Yes

If production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Compl. Ready to Prod. Total Depth P.B.T.D.
Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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)
Well
Date of Test Producing Method (Flow, pump, gas lift, etc.)
Tubing Pressure Casing Pressure Choke Size
Oil-Bbls. Water-Bbls. Gas-MCF
RECEIVED SEP 27 1985

TEST WELL
Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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 is true and complete to the best of my knowledge and belief.
District Clerk
9-19-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 27 1985
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT III
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 completed wells.