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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	
Completion	Change in Transporter of:
Change in Ownership	Oil
	Casinghead Gas
	Dry Gas
	Condensate

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	Well No.
Callegos Canyon Unit	325
Pool Name, including Formation	Kind of Lease
West Kutz-Pictured Cliffs	State, Federal or Fee
	Federal
Lease No.	SF078926
Unit Letter	E
1520	Feet From The North
880	Line and
	Feet From The West
Line of Section	35
Township	29N
Range	13W
NMPM	San Juan
County	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	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
Name of Authorized Transporter of Casinghead 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,	Is gas actually connected?
Location of tanks.	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't.
	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Variations (DF, RKB, RT, GR, etc.)	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)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Grav. of Condensate
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

S WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav. of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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. Dwyer	
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 filed for each pool in multiply completed wells.	