

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Replaces O.C. 104 and C-1
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"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 328	Pool Name, Including Formation Fruitland	Kind of Lease State, Federal or Fee Federal	I-149 No. IND8486
Location Unit Letter <u>N</u> ; <u>1070</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>29N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79999</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>no</u> When <u>W. O. Pipeline</u>

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

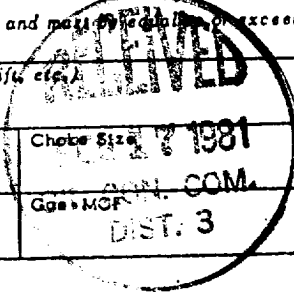
COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1/5/81	Date Compl. Ready to Prod. 2/5/81	Total Depth 4085'	P.B.T.D. 4055'					
Elevations (DF, RKB, RT, GR, etc.) G.L. 5394'; K.B. 5406'	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1030'	Tubing Depth 1056'					
Perforations 1,033' - 1,052' w/1 JSPF (20 perfs)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	277'	275 sx "B" + 2% CACl ₂					
			+ 1/4# Flocele/sx					
8-3/4"	7"	4,085'	*See Back of page					
	2-3/8"	1,056'						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must not 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 802	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pitot, back pr.) *See above note	Tubing Pressure (Shut-in) 10 Psi	Casing Pressure (Shut-in) 75 Psi	Choke Size 1.5"

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)
2/13/81
(Date)

OIL CONSERVATION COMMISSION
3-18-82
APPROVED MAR 18 1981, 19____
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 filed for each pool in multiply

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7" Cementing

1st Stage - 600 sx 50-50 Pozmix w/2% Gel & 1/4# Flocele sx.

2nd Stage 400 sx 50-50 Pozmix w/2% Gel & 1/4# Flocele sx.
Stage collar @ 1564'