

NO. OF COPIES RECEIVED		
DISTRIBUTION		
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 Old C-104 and C-110  
Effective 1-1-85

1. Operator  
Energy Reserves Group, Inc.

Address  
P.O. Box 3280, Casper, WY 82602

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
JAN 30 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 333	Pool Name, including Formation Kutz Pictured Cliffs, West	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 1070 Feet From The North Line and 1620 Feet From The East Line of Section 33 Township 29N Range 12W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <del>El Paso Natural Gas Company</del>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) →	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 12-14-83	Date Compl. Ready to Prod. 1-19-84	Total Depth 1425'	P.B.T.D. 65 1370'					
Elevations (DF, RKB, RT, GR, etc.) G.L. 5334' K.B. 5339'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1252'	Tubing Depth 1279'					
Perforations 1266'-1268' 1 JSPF-3 shots-0.39" 1257'-60' 1 JSPF-4 shots-0.39"; 1262'-1264' 1 JSPF-3 shots-0.39";		Depth Casing Shoe 1413'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7-5/8"	127'	100sx(118ft <sup>3</sup> ) Class B w/2% CACl <sub>2</sub> & 1/2#sx Celloseal					
6-1/4"	4-1/2"	1413'	250sx(315ft <sup>3</sup> ) 50-50 pozmix					
	2-3/8"	1279'	2/2%gel, 0.5%CF-10, 1/4#sx Flocele					

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

Actual Prod. Test-MCF/D 391	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate n/a
Testing Method (pilot, back pr.) 3/8" choke nipple	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 230	Choke Size 3/8"

VI. 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)

1/24/84  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30, 1984

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 completed wells.