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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 1-1-85

ENERGY RESERVES GROUP, INC.	
Address P. O. Box 3280, Casper, WY 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	

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AUG 29 1985  
OIL CON. DIV.  
DIST. 3

DESCRIPTION OF WELL AND LEASE				
Lease Name Gallegos Canyon Unit	Well No. 358	Pool Name, including Formation North Pinion Fruitland	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter 0 : 790 Feet From The South Line and 1620 Feet From The East				
Line of Section 29 Township 29N Range 12W , NMPM, San Juan 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)
El Paso Natural Gas	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No WOPL

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.		
	XX XX		
Date Spudded 6-15-85	Date Compl. Ready to Prod. 7-24-85	Total Depth 1168	P.B.T.D. 1126
Elevations (DF, RKB, RT, GR, etc.) GR-5414, KB-5422	Name of Producing Formation Fruitland	Top Oil/Gas Pay 973	Tubing Depth 1050
Perforations 973-1070 19 shots			Depth Casing Shoe 1168

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8	7	136	100 sx Cl B w/2% CaCl <sub>2</sub> & 1/4#/sx Flocele
6 1/4	4 1/2	1168	175 sx 50-50 Pozmix w/2% gel, 0.5% D-3 1/2#/sx celoflike
	2 3/8	1050	


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 1551	Length of Test 3	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Choke nipple	Tubing Pressure (Shut-in) 422	Casing Pressure (Shut-in) 422	Choke Size 3/4"

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.

  
(Signature)  
District Clerk  
(Title)  
August 27, 1985  
(Date)

OIL CONSERVATION COMMISSION  
AUG 29 1985  
APPROVED  
Original Signed by FRANK T. CHAVEZ  
BY  
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.