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| FILE | | | |
| U.S.G.S. | | Ī | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | 1 | |
| OPERATOR | | 1 | |
| | | | |

3-25-76

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| | | | | Supersedes Old C-104 and C-11 | | | | | | |
|---|---|---|---|---|--|--|--------|--------|-------------------------------|---|
| | U.S.G.S. | | AND | Effective 1-1-65 | | | | | | |
| | LAND OFFICE | AUTHORIZATION TO TR | ANSPORT OIL AND NATURA | L GAS | | | | | | |
| | OIL | | | | | | | | | |
| | IRANSPORTER GAS / | - | | | | | | | | |
| | OPERATOR / | - | | | | | | | | |
| ٠, | PROPATION OFFICE | - | | | | | | | | |
| 3. | Operator | | | | | | | | | |
| | Energy Reserves Group, Incorporated | | | | | | | | | |
| | Address | | | | | | | | | |
| | P.O. Box 328 | 0, Casper, Wyoming | 82601 | | | | | | | |
| | Reason(s) for Itling (Check proper b | | Other (Please explain) | | | | | | | |
| | New Well | Change in Transporter of: | Name cha | nge from Clinton Oil | | | | | | |
| | Recompletion | OII Dry G | | , | | | | | | |
| | Change in Ownership | Casinghead Gas Conde | ensate | | | | | | | |
| | | | • | | | | | | | |
| | If change of ownership give name and address of previous owner | | • | | | | | | | |
| | | | • | | | | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE | | | | | | | | |
| | Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease | | | | | | | | | |
| | Gallegos Canyon Unit 14 West Kutz-Pict. Cliffs State, Federal SF0789 | | | | | | | | | |
| | Location | | | | | | | | | |
| | Unit Letter M : | 660 Feet From The South Lis | ne and 660 Feet Fr | om The West | | | | | | |
| | | | | | | | | | | |
| | Line of Section 26 T | ownship 28N Range | 12W NMPM, San | Juan County | | | | | | |
| | | | • | | | | | | | |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | |
| | Name of Authorized Transporter of C | or Condensate | Address (Give address to which ap | proved copy of this form is to be sent; | | | | | | |
| | Name of Authorized Transporter of C | asinghead Gas or Dry Gas 😾 | Address (Chanadhan to alkal an | proved copy of this form is to be sent) | | | | | | |
| | Name of Mathorized Transporter of C | as Induedd Gas Or Di'y Gas X | Address (Give address to which ap | proved copy of this form is to be sent; | | | | | | |
| | El Paso Natural Ga | | Box 990, Farmin | aton, NM 87401 | | | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. | is gas actually connected? | when | | | | | | |
| | give location of talks. | | Yes | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | with that from any other lease or pool, | give commingling order number: | t | | | | | | |
| 1V. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | | | | | |
| | Designate Type of Complet | | | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | | |
| | | | | | | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | | |
| | | | | · | | | | | | |
| | Perforations | | | Depth Casing Shoe | | | | | | |
| | | · | -OTI | - | | | | | | |
| TUBING, CASING, MOREMENTING RECORD | | | | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPT SET | SACKS CEMENT | | | | | | |
| | | | ~~~ | | | | | | | |
| | | W | AR 2 9 1976 | | | | | | | |
| | | | 10/0 | | | | | | | |
| l | | Oil | CON COM | <u> </u> | | | | | | |
| V. | TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | Devovery of total volume of load | oil and must be equal to or exceed top allow- | | | | | | |
| , | OIL WELL | | oth or be for full 24 hours) | 1:4 | | | | | | |
| ı | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | tifi, etc. | | | | | | |
| | | | | Choke Size | | | | | | |
| Ì | Length of Test | Tubing Pressure | Casing Pressure | Chore Size | | | | | | |
| | And Dad Date Took | Oil-Bbie. | Water - Bble. | Gas - MCF | | | | | | |
| | Actual Prod. During Test | Oli-Bbie. | W444 D314. | | | | | | | |
| Į | | | <u> </u> | | | | | | | |
| | AA WELV | | | | | | | | | |
| ſ | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | | | | | |
| | Actual Flod. 1441-MO1/D | Zond o. 1001 | | | | | | | | |
| 1 | Teeting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | | | |
| | seeming the most of the seem busy | 7 | | | | | | | | |
| <u>.</u> [| | | 011 0011555 | VATION COMMISSION | | | | | | |
| VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATIO | | | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED MAR 2 9 1976 | | | | | | | | |
| | | BY OFFICE SONED BY N. E. MAXWELL, IR | | | | | | | | |
| | above is true and complete to the best of my knowledge and belief. | | BY ORGANAL STATED BY M. L. M. | | | | | | | |
| i | | | THE PEROLEUM ENGINEER DIST. 50. 5 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | | | | | |
| | | | | | | | Learne | naiwe) | well this form must be accom | panied by a tabulation of the deviation |
| | | | | | | | | | tests taken on the well in ac | cordance with RULE 111. |
| | District | Clerk | All sections of this form | must be filled out completely for allow- | | | | | | |

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