DISTRIBUTION FILE U.S.G.S

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Potm C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

LAND OFFICE		AUTHORIZATION TO 1	RANSPORT OIL AND NA	TURAL G	AS ·	
TRANSPORTER OIL	1	1				
GAS	· i					
OPERATOR	11					
PRORATION OFFICE Operator						
Energy Re	serve	s Group, Incorporat	ed			
P.O. Box Reason(s) for filing (Check	3280,	Casper, Wyoming	82601			
New Well	. ,	Change in Transporter of:	Other (Please exp			
Recompletion Change in Ownership			Gas Comp	e chang any	ge from Clin	ton Oil
If change of ownership gi and address of previous o	ve name wner			•		
DESCRIPTION OF WE	LL AND	LEASE WALL DO S OF THE STATE OF				
Gallegos Canyo	n Uni	well No. Pool Name, Including		d of Lease te, Federal c	or Foo Federal	Lease No. SF07796
Unit Letter H	_ <i>i</i>	166 Feet From The North			• East	
Line of Section 24	Tow	mship 28N Range	13W , NMPM,	San	Juan	County
DESIGNATION OF TRA	NSPORT	ER OF OIL AND NATURAL O	GAS			
, L			Address (Give address to wh			
Name of Authorized Transpo			Address (Give address to wh			be sent)
El Paso Natura If well produces oil or liquid		Company Unit Sec. Twp. P.ge.	Box 990, F. Is gas actually connected?	arming	ton, NM 874	101
give location of tanks.			No.	i	isconnect S	
If this production is committed to the completion of the completion of the completion of the committee of the completion of the committee of t	ngled with	n that from any other lease or poo		ber:		0-10-75
Designate Type of C	ompletion	n — (X)	New Well Workover De	eepen F	Plug Back   Same Res'	v. Diff. Restv.
Date Spudded		Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.	_i
Elevations (DF, RKB, RT, G	R. etc.j	Name of Producing Formation	Top Oil/Gas Pay	7	Tubing Depth	
Perforations					Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTING PATORO			
HOLE SIZE		CASING & TUBING SIZE	SED BES		SACKS CEME	NT
			\ \underset{\underset{\underset{\underset}{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset}{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset{\underset}{\underset{\underset{\underset}{\under	M		
<del></del>			Man			
			MAR 29 19	76		
TEST DATA AND REQU	EST FOI	R ALLOWABLE (Test must be	after recovery of total Villiam rof lepth or be for will Difference)	load oil and	must be equal to or ex	csed top allow
Date First New Oil Run To T	anks I	Date of Test	Producing Method (Flow, pum	pras lift, e	etc.)	
Length of Test		Tubing Pressure	Casing Pressure	C	Choke Size	
Actual Prod. During Test		Oil - Bbls.	Water-Bbls.	G	Gas - MCF	
					<del></del>	
GAS WELL Actual Prod. Test-MCF/D	T <sub>1</sub>	ength of Test	TRNIa Contraction			
			Bbls. Condensate/MMCF	G	ravity of Condensate	ĺ
Testing Method (pitot, back p		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	C	hoke Size	
CERTIFICATE OF COM	PLIANCE		11		ON COMMISSION	
ommission have been con	plied with	rulations of the Oil Conservation h and that the information given	APPROVED MAR 2 S		, 19	·
pove is true and complete	to the b	eat of my knowledge and belief.	BY CHISIMA SONE			
		$, \sim$	TITLE PATROLIUM			
Levence L. Kuder			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
District Clerk (Tule)			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
3-25-76			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.			
	(Date)		well name or number, or tre Separate Forms C-10	•	_	