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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL GAS 1  
OPERATOR 2  
PRORATION OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes OIA C-104 and C-105  
Effective 1-1-65

API 30-045-23706

I. Operator  
ENERGY RESERVES GROUP, INC.  
Address  
P. O. Box 3280, Casper, Wyoming 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)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit Well No. 281 Pool Name, Including Formation Kutz Pictured Cliffs, West Kind of Lease State, Federal or Fee Federal Lease No. SF-078904  
Location  
Unit Letter K ; 248D Feet From The South Line and 2360 Feet From The West  
Line of Section 25 Township 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 Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
El Paso Natural Gas P. O. Box 1492, El Paso, Texas 79978  
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 Rest'v. Diff. Rest'v.  
XX XX  
Date Spudded 12-16-79 Date Compl. Ready to Prod. 1-25-80 Total Depth 1,929' P.B.T.D. 1,888'  
Elevations (DF, RKB, RT, GR, etc.) GRD 5867' KB 5877' Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 1,680' Tubing Depth 1,705'  
Perforations 1682'-92' W/1 JSPF (11 holes) Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12-1/4" 8-5/8" 131'KB 100sks 'B' + 3%CaCl<sub>2</sub>  
6-3/4" 4-1/2" 1,928'KB +1/4#/sk Flocele  
2-3/8" 1,705' 400sks 50-50 Pozmix + 1/4#/sk Flocele

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 WELL\*Tested w/orifice well tester thru test separator

Actual Prod. Test-MCF/D 153 Length of Test 24 hrs Bbls. Condensate/MMCF 0  
Testing Method (pilot, back pr.) \*See above note Tubing Pressure 90 psi Casing Pressure (5bbl-in) 170 psi  
DIST. 3

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 L. Ross  
(Signature)  
District Clerk  
(Title)  
1/30/80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 6 1980, 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