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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

Operator 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 _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Gallegos Canyon Unit	Well No. 352	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078328
Location				
Unit Letter <u>A</u> ; <u>900</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>East</u>				
Line of Section <u>14</u> Township <u>28N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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 Co.	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 7-15-85	Date Compl. Ready to Prod. 8-25-85	Total Depth 1580	P.B.T.D. 1535
Elevations (DF, RKB, RT, GR, etc.) GR-5579, KB-5587	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1486	Tubing Depth 1530
Perforations 1486-1502 14 Shots			Depth Casing Shoe 1577

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	131	100sx CI B w/2% CaCl ₂ & 1/4#/sx Flocele ²
6 1/4	4 1/2	1577	250 sx 50-50Pozmix w/2% gel, 0.5%D-31, 1/4#/sx Celoflake
	2 3/8	1530	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
374	24hrs	0	NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
Choke Nipple	205	205	3/8"

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.

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

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

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.



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR BHP Petroleum (Americas) Inc.	8. LEASE DESIGNATION AND SERIAL NO. SF - 078828
3. ADDRESS OF OPERATOR 5613 DTC Parkway, Ste. 600, Englewood, CO. 80111	9. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 900' FNL & 820' FEL	10. FIELD AND POOL, OR WILDCAT West Kutz Pictured Cliffs
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 14, T28N, R12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5579'	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Lay Flowlines	
SUBSEQUENT REPORT OF:	
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	

As indicated on the attached topo map, BHP Petroleum (Americas) Inc. is proposing to lay a water and a gas line to tie the subject well into existing gathering systems. No new disturbed lands are anticipated as both lines are to be buried in existing roads and right-of-ways.

18. I hereby certify that the foregoing is true and correct

SIGNED Paul Bertoglio TITLE Production Supt.

(This space for Federal or State office use)

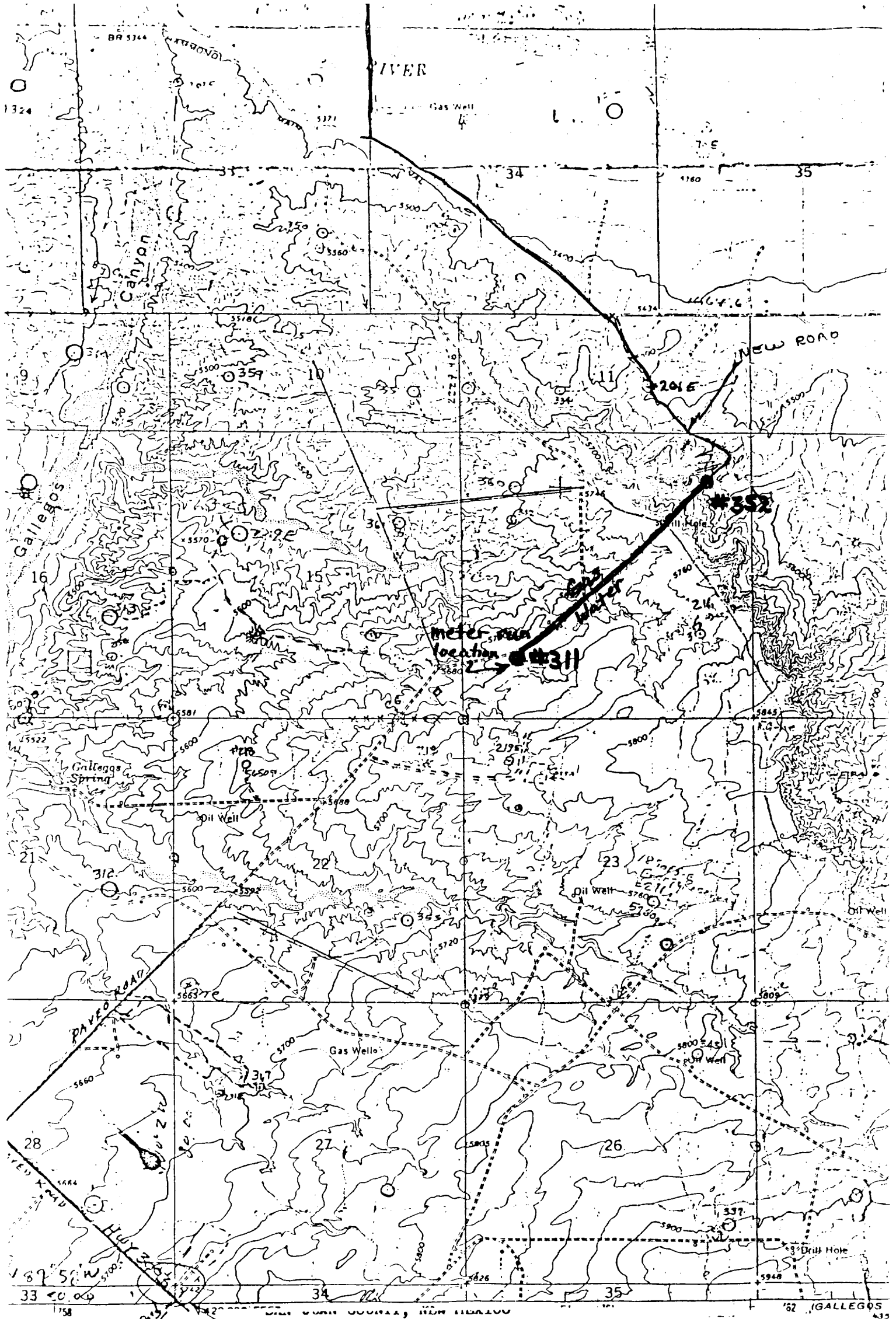
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
JUN 16 1987
FOR AREA MANAGER

*See Instructions on Reverse Side

NMOCC



and published by the Geological
 Survey and U. S. Bureau of Reclam-
 ation. The map was prepared by
 trigonometric methods from aerial
 photographs and by plane-table surveys of the
 ground. Field checked by USGS 1911.
 American datum
 meridian system.

Vicinity Map for
 ENERGY RESERVES GROUP #352 GALLEGOS CANYON UNIT
 900'FNL 820'FEL Sec. 14-T28N-R12W
 SAN JUAN COUNTY, NEW MEXICO

1:45' 31 MILES
 1:45' 249 MILES

SCALE
 2000
 5
 CONTOUR INT
 DOTTED LINES REPR
 DATUM IS M