---DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION PEOLIFICE FOR ALL OWARLE

Form C-104

FILE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Elloctive 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	
LAND OFFICE	ACTION TO THE	SO ON OIL AND NATURAL	. GAS
TRANSPORTER OIL GAS	, and the second		
OPERATOR	1		
PROBATION OFFICE]		.
Operator ENERGY RESERVES GROUP,	INC.		THE WEST
Address			
	r, WY _82602		
Reason(s) for liling (Check proper box)		Other (Please explain)	, o 9 \300 , \
New Well 1	Change in Transporter of:		My Mar. Disc.
Recompletion	OII Dry Gas	≓ 1	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE. Wett No.; Pool Name, Including Fo	ormation Kind of Le	
Gallegos Canyon Unit	361 North Pinion I		eral or Fee Federal SF-078106
Location B : 1150	O Feet From The North Line	and 1660 Feet Fro	- The East
	201	1 211	San Juan
Cinc of deaths.		, 1, (0),	Sall Juall County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	naucess to the address to water app	noven copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas Or Dry Gas XX	Address (Give address to which app	proved copy of this form is to be sent)
El Paso Natural Gas		P. O. Box 990, Farmin	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	 	When
give location of tanks.	1 1 1 1	No	WOPL ·
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Otl Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completion	, XX	xx	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.
6-24-85	7-30-85 Name of Producing Formation	1300 Top OU/Gas Pay	1238 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)		!	1 .
GR-5583, KB-5591	Fruitland	1183	1173 Depth Casing Shoe
1183-1200 <u>17 sho</u>	ts		1296
1105 1200	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	134	110 sx C1 B w/2% CaCl ₂
			& 1/4#/sx Flocele
6 1/4	4 1/2	1296	200 sx 50-50 Pozmix w/23
	2 3/8	1173	ge1,0.5%CFR-2,4#sxFloce
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load : pth or be for full 24 hours)	oil and must be equal to or exceed top allow-
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
·			·
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	O11 - Bbis.	Water-Bbis.	Ga•-MCF
	1		
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2639	3 hours	Casing Pressure (Shut-in)	NA
2639 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Choke Nipple	495	495	3/4"
CERTIFICATE OF COMPLIANO	CE	OIL CONSER AUG	yat198 5avu siyan 1985
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAYES	
		SUPERVISOR DISTRICT #5	
6 /10 /10 Odo		This form is to be filed in compliance with RULE 1104.	
(Signature)		If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation	
District Clerk		tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form able on new and recompleted	must be filled out completely for allow-
August 27, 1985		Fill out only Sections I	II. III. and VI for changes of owner,
(Date)		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.