

FILE	1
U.S.G.S.	1
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	3
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes OIL C-104 and C  
Effective 1-1-65

30-045-23735

Operator Energy Reserves Group, Inc.	
Address P.O. Box 3280 Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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. 288	Pool Name, Including Formation Kutz Pictured Cliffs, West	Kind of Lease State, Federal or Fee Fee	Lease No. SF-07894
Location Unit Letter F ; 1,446 Feet From The North Line and 1,410 Feet From The West				
Line of Section 19 Township 29 North Range 12 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79999			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79999			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
Is gas actually connected?		When		
YES		2-5-80		

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 Res'v.	Diff. Res'v.
			XX	XX					
Date Spudded 11-14-79	Date Compl. Ready to Prod. 12-5-79	Total Depth 1,550'		P.B.T.D. 1,484'					
Elevations (DF, RKB, RT, GR, etc.) GRD 5,404' KB 5,414'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1,296'		Tubing Depth 1,305'					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-3/4"	8-5/8"	132' KB		175 skx "B" + 2% CaCl <sub>2</sub> + 4#/sk Flocele					
6-3/4"	4 1/2"	1,525' KB		275 skx 50-50 Pozmix + 4#/sk Flocele - Cmt to surface.					
	2-3/8"	1305'		Circ.		4#/sk Flocele - Cmt to surface.			

V. 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 \* Tested w/orifice well tester thru test separator

Actual Prod Test - MCF/D 182	Length of Test 8 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pilot, back pr.) *See above note	Tubing Pressure 140 psi	Casing Pressure (Shut-in) 260#	Choke Size 3/4"

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)  
February 7, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 11 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