NO. OF COPIES REC		
DISTRIBUTE	1	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
TRANSFORTER	GAS	
OPERATOR		
PRORATION OF		
Operator		

					1			
	NO. OF COPIES RECEIVED							
ļ	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMM	IISSION	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-1	04 and C-110		
ı	FILE		AND		Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE							
- 1	TRANSPORTER OIL							
l	OPERATOR GAS							
	PROPATION OFFICE	•						
I.	Operator	<u>L </u>	 					
	•	ruca Croup Tra						
	Address Energy Reserve	rves Group, Inc.						
	P.O. Box 3280 - Casper, Wyoming 82602 Reason(s) for filing (Check proper box) New Well X Change in Transporter of:							
	Recompletion	Oil Dry Ga	as X					
1	Change in Ownership	Casinghead Gas Conden	nsate			ļ		
								
If change of ownership give name and address of previous owner								
	*							
II.	DESCRIPTION OF WELL AND I	LEASE	· · · · · · · · · · · · · · · · · · ·	1222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	Lease Name	Well No. Pool Name, Including Fo		Kind of Lease	1 -	_ease No.		
	Gallegos Canyon Unit	325 West Kutz Pict	ured Cliffs	State, Federal or Fee	or Fee Federal SF-078926			
	Location							
	Unit Letter E : 152	20 Feet From The North Lin	se and <u>880</u>	Feet From The <u>We</u>	st			
						l		
	Line of Section 35 Tow	vnship 29N Range 1	3W , NMPN	🥠 San Jua	n	County		
II.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address	to which approved con-	v of this form is to be	sent)		
	Name of Authorized Transporter of Oil	or Condensate	Address (Othe Badress	to which approved copy	, of this form is to be	36/11/		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀	Address (Give address	to which approved com	v of this form is to be	senti		
El raso Natural Gas Company				, El Paso, TX 79978				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	No.	•	Pipeline	1		
	give location of tanks.				riperine			
		th that from any other lease or pool,	give commingling orde	r number:				
٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Restv.	Diff. Res'v.		
	Designate Type of Completion - (X)							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1	r.D.			
	4/7/81	3/30/82	1772'		1729 '	1		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	ng Depth			
		Pictured Cliffs	1600'		1663'			
	5857' KB (Gr + 2') Pictured Cliffs 1600' 1663' Perforations 1,613'-15', 1,619'-22', 1,631'-33', 1,640'-42', 1,648'-50' Depth Casing Shoe							
	1,013 -13 , 1,0 1,11 ISPE (16 porfo)	1002ed 1,657'-68' W/1 J	SPF (12 perfs)	5 -30				
	w/ser_(ro_perre)==sqt	TUBING, CASING, AND	D CEMENTING RECO	RD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT	r		
	9-7/8"	7"	125'	65	sx 'B' w/2%	CACL2		
					1/4# Flocele/	sx		
	6-1/4"	4-1/2"	1768'	250	sx 50-50 Poz	mix_(Ove		
		2-3/8"	1663'	i				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total vol	ume of load oil and mus	it be equal to or excee	ed top allow-		
	OIL WELL	able for this de	Producing Method (Flor	*/				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F to	w, pump, gas tijt, etc.)				
			LG-4- Posseves	Chok	Choke Size			
Ì	Length of Test	Tubing Pressure	Casing Pressure	Chok	J 3124	1		
į		and the second	Water - Bbls.	Gas -	MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Date.	542				
- 1		<u> </u>	<u> </u>	ll				
	tim	-1E1						
		rifice well tester thru	Bbls. Condensate/MMC	G-mi	ity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test						
i	109	Tubing Pressure Chapter	NA Casing Pressure (Chok	NA NA			
Ì	Testing Method (pitot, back pr.)	OFT		,	1/4"			
i	"See above note							
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION								
		APRE	APPROVED MAY 5 1982					
	I hereby certify that the rules and r	egulations of the Oil Consequation with and that the information given	station of the Oliconservation					
	above is true and complete to the	best of my knowledge and belief.	BY					
		VIST. 30M.	SUPERVIS	SOR DISTRICT 罪 3				
	(\ ·	10	This form is t	o be filed in compli	ance with RULE 11	04, a decessor		
If this is a request for allowable for a newly drilled or deepens								

(Signature) trict Clerk (Title) 4-2-82 (Date)

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.