

REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes OCS C-104 and C-104A
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23822

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

Operator ENERGY RESERVES GROUP, INC.	
Address P.O. BOX 3280 CASPER, WYOMING 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 checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 291	Pool Name, Including Formation Kutz Pictured Cliffs, West	Kind of Lease State, Federal or Fee Fee	Lease No. SF-078904
Location Unit Letter J : 1850 Feet From The South Line and 1830 Feet From The East Line of Section 23 Township 28 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"/>	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	Box 1492 El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	NO Waiting on Pipeline

If this production is commingled with that from any other lease or pool, give commingling order number:

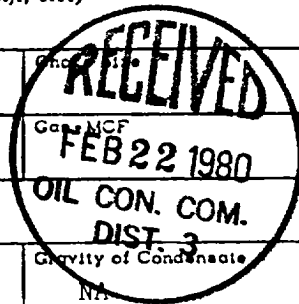
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-13-79	Date Compl. Ready to Prod. 1-22-80	Total Depth 1817'	P.B.T.D. 1769'					
Elevations (DF, RKB, RT, GR, etc.) GRD-5760' KB5770'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1,579'	Tubing Depth 1609'					
Perforations			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	100 sx'B' + 3% CaCl ₂ + 1/4# sk Flocele					
6-3/4"	4-1/2"	1809'KB	400sx 50-50 Pozmix + 1/4# sk Flocele					
	2-3/8"	1609'						

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 159	Length of Test 24 Hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pitot, back pr.) *See above note	Tubing Pressure 125 PSI	Casing Pressure (Shut-in) 180 PSI	Choke Size 1/2"

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 Ross
(Signature)
District Clerk
(Title)
February 19, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 22 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