

REQUEST FOR OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C. 104 and C
Effective 1-1-65

30-045-23995

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)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☒

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Gallegos Canyon Unit	295	Kutz Pictured Cliffs, West	State, Federal or Fee Federal	SF-078109
Location				
Unit Letter	M	1045	Feet From The	South
Line of Section	10	Township	28N	Range
			12W	NMPM, San Juan
				County

II. 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:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-7-80	3-22-80	1687'	1636'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GRD 5532' KB 5542'	Pictured Cliffs	1410'	1457'					
Perforations	1416' - 24' w/1 JSPF (9 hole)			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"	1669' KB	300 sx. 50-50 Pozmix					
	2-3/8"	1457'	& 2% Gel & 1/4#/sk. Flocele					

IV. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
147	24 hrs.	-0-	N/A
Testing Method (pilot, back pr.)	Tubing Pressure ()	Casing Pressure (Shut-in)	Choke Size
*See above note	70 psi	145 psi	3/4"

V. 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)
5-13-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 14 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