

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and C-105
Effective 1-1-85

API 30-045-23998

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. 298	Pool Name, including Formation Kutz Pictured Cliffs, West	Kind of Lease State, Federal or Fee Fee	Lease No. SF-078904
Location				
Unit Letter C ; 990 Feet From The North Line and 1570 Feet From The West				
Line of Section 24 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.	Pge.
	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 Rest'y.	Diff. Rest'y.
		X	X					
Date Spudded 12-21-79	Date Compl. Ready to Prod. 1-28-80	Total Depth 1,840'	P.B.T.D. 1,788'					
Elevations (DF, RKB, RT, CR, etc.) GRD 5719' KB5729'	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1,577'	Tubing Depth 1,618'					
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 skx 'B'+ 3% CaCl ₂ + 1/4#/sx Flocele
6-3/4"	4 1/2"	1,829'KB	400 skx 50-50 Pozmix +2%
	2-3/8"	1,618'	Gel + 1/4#sk Celloflake

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 461	Length of Test 24 HRS	Bbls. Condensate/MMCF -0-	Gravimetric Condensate NA
Testing Method (pilot, back pr.) * See Above note	Tubing Pressure () 130 psi	Casing Pressure (Shut-in) 230 psi	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 19, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 22 1980, 19
BY Original Signed by FRANK T. HANEZ
SUPERVISOR DISTRICT # 3
TITLE

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