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SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	U.\$.G.\$.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE		THE SET OF AND MATORIAL			
	TRANSPORTER OIL		•			
	GAS					
	OPERATOR	1				
1.	PRORATION OFFICE	7				
	Operator					
	Energy Reserves Group, Inc.					
	Address					
	P. O. Box 3280, Casper, Wy. 82602					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	_			
	Recompletion	Oil Dry Go	ıs 🔲			
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner		·			
	•					
II.	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool Name, Including F	•	i —		
	Gallegos Canyon Unit	321 West Kutz Pict	. Cliffs State, Feder	Gier Fee Federal SF-078807		
	Location					
	Unit Letter 0 ; 810	Feet From The South Lin	ne and 1540 Feet From	The East		
				•		
	Line of Section 12 To	wnship 28N Range]	L3W , NMPM, San Ji	lan County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oi.	or Condensate	Andress (Give address to which appro	oved copy of this form is to be sent;		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Address (Give address to which approved copy of this form is to be sent					
	Name of Authorized Transporter of Ca	singhead Gas 🔲 💮 or Dry Gas 🔀	1	* 1		
	El Paso Natural Gas Com		P. O. Box 1492, El Pas			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen		
	give location of tanks.		No	W.O. Pipeline		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	on - (X) Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Ditt. Res'v.		
	Designate Type of Complete			10000		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3-27-81	6-8-81	1582	1538		
	Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas Pay	Tubing Depth		
	5684' GL; 5686' KB	Pictured Cliffs	1451	1483 Depth Casing Shoe		
	Perforations			Depth Casing Shoe		
	1453'-56'; 1464'-66'; 1474'-80' w/l JSPF (14 Perfs)					
TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	9-7/8"	7!!	123!	65 "B" w/2% CaCl2 &		
	6 1 /1:11	4-1/2"	15701	1/4# Celloflake/sx		
	6-1/4"		15781	* see back of page		
		2-3/8"	1483			
\mathbf{V} .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Date First New Oil Hun 10 1 daks	Date of Tost				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of 1 est	I do my				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF 4504		
	Actual Ploat Balling 1001			Gas-MCF		
				The second COMM		
GAS WELL *Tested w/orifice well tester thru test separator				O3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grasty of Condensate		
	297	24 Hrs.	0	N/A		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure (Shut-in)	Choke Size		
	*see above note	125 psi	150 psi	3/8"		
				ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	312 33/132/11			
			APPROVED	Original Signed by FRANK T. CHAYEZ		
	Commission have been complied :	regulations of the Oil Conservation with and that the information given	Original Signed by FRAM			
	above is true and complete to the best of my knowledge and belief.		BY			
			TITLE			
	\bigcirc 1	-h // ,	This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
	If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of own.			anied by a tabulation of the Gevistion		
				ordance with RULE 111.		
				ust be filled out completely for allow-		
				tt ttt and VI for changes of owner.		
(Deta) well no			Fill out only Sections I, well name or number, or transpo	well name or number, or transporter, or other such change of condition.		
	(D	uit/	Separate Forms C-104 mu	at be filed for each pool in multiply		
ll con			completed wells.			

* Cont'd from front page:

4-1/2" cementing - 225 sx 50-50 Pozmix w/2% Gel & 1/4# Celloflake/sx & 0.5% NFR-2.

Squeez'd - 7" x 4-1/2" annulus w/50 sx 50-50 Pozmix w/2% Gel & 2% CaCl₂.